

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

20458

State File No.

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **4501** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomfield	
c. LENGTH OF STAY (If this place) life		1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) _____ c. (Last) Griffin			4. DATE OF DEATH (Month) (Day) (Year) May 15, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Oct. 19, 1891	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hobo		10b. KIND OF BUSINESS OR INDUSTRY Hobo		11. BIRTHPLACE (City and State or Foreign Country) Bloomfield, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Griffin	13b. MOTHER'S MAIDEN NAME Mary Nall	14. NAME OF HUSBAND OR WIFE single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XX	17. INFORMANT'S SIGNATURE OR NAME E. A. Moore
		ADDRESS Bloomfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Mandible		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 196 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-13, 1953, to 5-13, 1953, that I last saw the deceased alive on 5-13, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>Gordon O. Kinghill, D.O.</i>	23b. ADDRESS Bloomfield, Mo.	23c. DATE SIGNED 5-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 16, 1953	24c. NAME OF CEMETERY OR CREMATORY Bloomfield, cem.	24d. LOCATION (City, town, or county) (State) Bloomfield, Mo.
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DATE REC'D BY LOCAL REG. May 26, 1953	REGISTRAR'S SIGNATURE <i>Rose Walker</i>	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
V. 10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter plank Watkins

Licensed Embalmer No. 4717

P. O. Address Jefferson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.