

FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38770

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1054

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) township)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		d. STREET ADDRESS (If rural, give location) 2251 N. Main			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION XXX City Hospital 2251 N. Main			d. STREET ADDRESS (If rural, give location) 2251 N. Main					
3. NAME OF DECEASED (Type or Print) a. (First) Homer			b. (Middle) (None)	c. (Last) Griffin	4. DATE OF DEATH (Month) (Day) (Year) 11 21 53			
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-11-1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 10	Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Wishart, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Riley Griffin		13b. MOTHER'S MAIDEN NAME Mahalah Howell		14. NAME OF HUSBAND OR WIFE Linnie Griffin				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lizzie Griffin			ADDRESS Springfield, 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)			Coronary Occlusion			1 month		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b)			3 yrs		
			DUE TO (c)			10 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			Arteriosclerotic heart and vascular disease					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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)		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 <u>Aug 19 52</u> , to <u>Nov 17 1952</u> , that I last saw the deceased <u>living on Nov 17 1952</u> , and that death occurred at <u>6:45 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Carl W. Russell M.D.			23b. ADDRESS 1951 S. National		23c. DATE SIGNED 11-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/53	24c. NAME OF CEMETERY OR CREMATORY Robberson Prairie Cem	24d. LOCATION (City, town, or county) (State) Greene County, Missouri				
DATE REC'D BY LOCAL REG. 11-28-53		REGISTRAR'S SIGNATURE Earth Williamson		25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUNERAL SERVICE, Springfield				
				ADDRESS Missouri				

(Licensed Embalmer's Statement on Reverse Side)

SPRINGFIELD, MISSOURI
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  _____

Licensed Embalmer No. 4 5 9 4

P. O. Address Springfield, Missouri

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

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