

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1008

State File No. 0887

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY 8120	
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Herrin
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS		(If rural, give location) 201 S. 6th st.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) SARAH	b. (Middle) L.	c. (Last) GRIFFIN	(Month) JANUARY	(Day) 27	(Year) 1954
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 12-26-1895	9. AGE (In years, last birthday) 59	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) Williamson Co., Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Rendo	13b. MOTHER'S MAIDEN NAME Martha Spiller	14. NAME OF HUSBAND OR WIFE John Griffin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil H. Stewart, 201 S. 16th

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, asthenia, 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) Metastatic Cancer of Brain and Peritoneum		1 Month
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of Lung		8 Months
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		Many years	

19a. DATE OF OPERATION 1-26-54	19b. MAJOR FINDINGS OF OPERATION Cerebral Metastasis	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 16.3X

22. I hereby certify that I attended the deceased from 1-12, 1954, to 1-27, 1954, that I last saw the deceased alive on 1-27, 1954, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William N. Blalock, M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1-27-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-28-54	24c. NAME OF CEMETERY OR CREMATORY Herrin, Ill.
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. JAN 28 1954	REGISTRAR'S SIGNATURE g Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Storme F.H., Herrin, Ill.
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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.....
Signature of Student Embalmer

Signed: *Albert Mayhew*

Licensed Embalmer No. *30*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.