

STANDARD CERTIFICATE OF DEATH

State File No. **11023**

BIRTH NO. _____ FILED: **APR 7 1954** REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **6241** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Breton Mo</u>		c. CITY OR TOWN <u>Rural-Breton</u>	
c. LENGTH OF STAY (In this place) <u>13 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mar Potori</u>		e. STREET ADDRESS (If rural, give location) <u>Mar Potori 11000</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Will</u> b. (Middle) <u>O.</u> c. (Last) <u>Griffin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1954</u>	
5. SEX <u>male</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
6. COLOR OR RACE <u>White</u>		8. DATE OF BIRTH <u>March 17 1887</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illness</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		9. AGE (In years last birthday) <u>67</u>	
13a. FATHER'S NAME <u>Nathan Griffin</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Griffin</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Anderson</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martha Griffin</u>	
16. SOCIAL SECURITY NO.		ADDRESS <u>Marshall Penton</u>	

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) <u>Cerebral Anoxia</u>		<u>5:15 PM</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Pneumonia</u> DUE TO (c) <u>Carcinoma of both lungs 1 yr. ago</u>
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 <u>163X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Sept 1 1953 to April 3 1954, that I last saw the deceased alive on April 3 1954, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Potori Mo</u>	
23c. DATE SIGNED <u>Apr. 5, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-6-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
DATE REC'D BY LOCAL REG. <u>4/5/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
ADDRESS <u>Mr. Luther Spahr Potori Mo.</u>			

16. 300
10. 48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1954

RECEIVED

APR 6 1954

WASH. COUNTY HEALTH DEPT

File No. _____

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 *Murphy Spahn*
Licensed Embalmer No. *425*

P. O. Address *Fladrum*

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.