FILED JUN 17 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4457

State File No. 19756

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6041 Registrar's No. 543

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Naylor
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Office of Dr. H. E. White

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Thomas
d. STREET ADDRESS (If rural, give location): 0 910 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Belle
c. (Last): Griffin

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1955

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Aug. 7, 1886
9. AGE (In years last birthday): 68 — If under 1 year: Months 8 Days 29 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ripley Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thomas E. Rigdon
13b. MOTHER'S MAIDEN NAME: Saphronia Woodard
14. NAME OF HUSBAND OR WIFE: Thomas J. Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Thomas J. Griffin
ADDRESS: Neelyville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): angina pectoris

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): hypertension

DUE TO (c): 4202

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: none

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* June 6, 1955, *to* June 6, 1955, *that I last saw the deceased alive on* June 6, 1955, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H E White (Degree or title): MD
23b. ADDRESS: Naylor Mo.
23c. DATE SIGNED: 6/10/1955

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 10/55
24c. NAME OF CEMETERY OR CREMATORY: Eaton Ceme.
24d. LOCATION (City, town, or county) (State): Ripley Co., Mo.

DATE REC'D BY LOCAL REG.: 6-13-55
REGISTRAR'S SIGNATURE: E R Johnston 277-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: McCord-Gish Funeral Home Naylor, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Bryan McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

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

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