

FILED JUL 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20827

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6152 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural (Liberty))		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dudley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to hospital		d. STREET ADDRESS (If rural, give location) 1030	
3. NAME OF DECEASED (Type or Print) a. (First) Dale		b. (Middle) Edwin	
		c. (Last) Griffin	
4. DATE OF DEATH (Month) (Day) (Year) June 24, 1955			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 24, 1955
9. AGE (In years last birthday) 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Glendell W. Griffin		13b. MOTHER'S MAIDEN NAME Emma Lou Townsend	
14. NAME OF HUSBAND OR WIFE none			
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 Glendell W. Griffin, Dudley, Mo.		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH 12 days ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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 7544	
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 12:30 AM June 24, 1955, to 12:45 PM June 24, 1955, that I last saw the deceased alive on June 24, 1955, and that death occurred at 12:45 PM from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Dr. Robert C. Libben, D.O.		23b. ADDRESS 147 Walnut Dexter, Mo	
23c. DATE SIGNED 7-8-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-26-55	
24c. NAME OF CEMETERY OR CREMATORY Dudley		24d. LOCATION (City, town, or county) (State) Dudley, Mo.	
DATE REC'D BY LOCAL REG. 7-10-55		REGISTRAR'S SIGNATURE Delma V. Fenwick 409	
25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey		ADDRESS Dexter, 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 _____

Lucille Rainey

Student Embalmer No. 508

working under my personal supervision.

Student Lucille W. Rainey
Student Embalmer

Signed _____

Licensed Embalmer No. 3479

P. O. Address Deputy Ill

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.