

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1955

State File No. 29581
Registrar's No. 13

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5506

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits of the RURAL and FIRE WARDENSHIP) OR TOWN <u>Rural Clinton Mo</u>		c. CITY OR TOWN <u>Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>37th St of Clinton Mo 13</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route # 6</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lora</u> b. (Middle) <u>May</u> c. (Last) <u>Griffitt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-1955</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>2-18-1937</u>		9. AGE (In years last birthday) <u>18</u>		10. USUAL OCCUPATION (Give kind of work done through or outside of home) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Jack Griffitt</u>			13b. MOTHER'S MAIDEN NAME <u>Helen Albion</u>			14. NAME OF HUSBAND OR WIFE		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Griffitt</u>		ADDRESS <u>Clinton Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>DOA</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>automobile wreck</u> ANTECEDENT CAUSES <u>skull crushed</u> DUE TO (b) <u>chest + abdominal injury</u> DUE TO (c) <u>chest + abdominal injury</u> II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9-20-55</u> <u>DOA</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 _____, 19____, to _____, 19____, that I last saw the deceased alive on DOA 9/20/55, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Powell coroner DO.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>9/22/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-23-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-23-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lubman P Perryman</u>		ADDRESS <u>Clinton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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... *Robert L. Dunning*

Licensed Embalmer No. *471*

P. O. Address *Clinton*

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.