

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21303

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Morehouse		c. CITY OR TOWN Morehouse	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 30 Yrs.		e. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Morehouse, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) DORA	b. (Middle) CATHERINE	c. (Last) GRIFFIN	4. DATE OF DEATH (Month) (Day) (Year) June 8, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-21-1890	9. AGE (In years, last birthday) 65	IF UNDER 1 YEAR (Months) 6	IF UNDER 24 HRS. (Days) 17	IF UNDER 1 MIN. (Hours) _____	IF UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Licking, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Samuel West	13b. MOTHER'S MAIDEN NAME Alice Greer	14. NAME OF HUSBAND OR WIFE W. M. Griffin
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lewis Griffin	ADDRESS Morehouse, Missouri
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-7, 1956, to 6-8, 1956, that I last saw the deceased alive on 6-8, 1956, and that death occurred at 11:25 P. from the causes and on the date stated above.

23a. SIGNATURE J. M. Darno (Degree or title) M.D.	23b. ADDRESS Morehouse, Missouri	23c. DATE SIGNED 6-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-56	24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley Cemetery	24d. LOCATION (City, town, or county) (State) Essex, Missouri
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DATE REC'D BY LOCAL REG. 6-14-56	REGISTRAR'S SIGNATURE Kathleen L. McE. Bain	25. FUNERAL DIRECTOR'S SIGNATURE NUNNELEE FUNERAL CHAPEL	ADDRESS SIKESTON, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JUN 19 1956
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Philip J. Cassidy

Licensed Embalmer No. 461

P. O. Address Sikeston,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitute's 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.