

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29649

FILED AUG 29 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 6237 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY OR TOWN <u>Rural-Hickory Grove</u>		c. CITY OR TOWN <u>Wright City</u>	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 Mo</u>		f. STREET ADDRESS (If rural, give location) <u>RR #1</u> <u>1090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #1 - Wright City</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anton</u>	b. (Middle) <u>E</u>	c. (Last) <u>Griffin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 25 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 13 - 1893</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u>12</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Boyd-Jones Shoe Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wardsville Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Griffin</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Thler</u>	14. NAME OF HUSBAND OR WIFE <u>Adeline Griffin</u>
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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>497-03-0700</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ralph Postman, Wright City, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u>		<u>15 Months</u>
	DUE TO (c) <u>Atherosclerosis</u>		<u>5 yrs.</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>4201</u>	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)	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 Aug-21, 1956, to Aug 25, 1956, that I last saw the deceased alive on Aug 25, 1956, and that death occurred at 9:30A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Beckmeyer, D.O.</u>	23b. ADDRESS <u>Wright City, Mo</u>	23c. DATE SIGNED <u>Aug 25 - 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 28 - 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Borgia</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-28-56</u>	REGISTRAR'S SIGNATURE <u>Floyd Logan</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg, V. J. Inc. Washburn Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956 OCT 7

1956 OCT 11

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 *Jerome F. Suoloda*.....

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.