

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 544

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 5181 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>FRIEDHEIM T.W.P.</u>		c. CITY OR TOWN <u>CHAFFEE</u>	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) <u>5 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>10010</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ERNST BRAUNE BOARDING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MATILDA</u> b. (Middle) <u>R.</u> c. (Last) <u>GRIFFIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 15, 1957</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 1, 1874</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CAPE GIRARDEAU, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>HENRY KOLLAS</u>		13b. MOTHER'S MAIDEN NAME <u>ELISE BERTLING</u>		14. NAME OF HUSBAND OR WIFE <u>PERRY N. GRIFFIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LOUIS KASSELL-CAPE GIRARDEAU, Mo.</u> ADDRESS <u></u>	

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>15 yr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy, right</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u>334x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u></u>

22. I hereby certify that I attended the deceased from 8 Jan, 1957, to 15 Jan, 1957, that I last saw the deceased alive on 12 Jan, 1957, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas J. Budall M.D.</u>	23b. ADDRESS <u>Jerryville Mo 189257</u>	23c. DATE SIGNED <u></u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 17, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LORIMER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-4-57</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BISPLINGHOFF FUNERAL HOME</u> ADDRESS <u>CHAFFEE, 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 *Jack J. Lurnett*

Licensed Embalmer No. *447-*

P. O. Address *Chaffee, N*

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.