

FILED MAY 20 1957

STANDARD CERTIFICATE OF DEATH

37 018 018
STATE FILE NUMBER

Registration District No. 238 Primary Registration District No. 5824 Registrar's No. 20

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|--|-------------------------------|--|--|---|--|--|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN St. JOHN TWP. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Matthews Rt. 2 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SM. S. OF East Prairie | | | Length of stay in lb 6 Years | d. STREET ADDRESS (If outside, give location) Matthews Rt. 2 | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) Newborn C. Griffin | | | | First First | Middle Middle | Last Last | 4. DATE OF DEATH April 3-57 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 17, 1882 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Greensboro Ala. | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME Aaron Griffin | | | | 14. MOTHER'S MAIDEN NAME Mary M. Doeltry | | | | | | |
| 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. Unknown | | 17. INFORMANT Clyde Griffin Address Matthews Rt. 2 | | | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | | DUE TO (c) | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Hour 181X a. m. p. m. | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | | |
| 21. I attended the deceased from Dec. 11, 1956 to April 13, 1957 and last saw ^{her} _{him} alive on April 3, 1957 Death occurred at 2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Gordon H. Henshell D.O. | | | | 22b. ADDRESS East Prairie Mo. 4-6-57 | | | | 22c. DATE SIGNED | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 4-4-57 | 23c. NAME OF CEMETERY OR CREMATORY Dogwood | | 23d. LOCATION (City, town, or county) Mississippi Co. | | STATE Mo. | | | |
| 24. FUNERAL DIRECTOR Travis Shelby Jr. ADDRESS East Prairie Mo. | | | | 25. DATE RECD. BY LOCAL REG. 30 April 57 | | 26. REGISTRAR'S SIGNATURE Fay Hedgesmith | | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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DATE RECEIVED MAY 7 1957

NEW MADRID CO. HEALTH CENTER

P. G. S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter Shelby Jr.*

Licensed Embalmer No. *449*

P. O. Address *Post Rd*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.