Health, & Welfare Public h Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 23 1958

58-015371
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Sunset Drive — Length of stay in 1b: 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ray
c. CITY OR TOWN: Richmond — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Sunset Drive — Reside on Farm: Yes [ ] No [X]

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3. NAME OF DECEASED (Type or print): First: PAUL Middle: JOSEPH Last: GRIFFIN, SR.

4. DATE OF DEATH: Month April Day 13 Year 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Nov. 8, 1893
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Automobile dealer
10b. KIND OF BUSINESS OR INDUSTRY: Motor car industry
11. BIRTHPLACE (City and state or country): Trenton, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James C. Griffin
13b. MOTHER'S MAIDEN NAME: Margaret Doolan
14. NAME OF HUSBAND OR WIFE: Hazel D. Forsythe Griffin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-05-2159
17. INFORMANT: Hazel D. Griffin, Address: Richmond, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary artery occlusion 4200 — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio sclerotic Heart disease
DUE TO (c) Generalized arteriosclerosis & hypertension — unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic congestive heart failure
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Sept. 17, 1952 to April 13, 1958 and last saw her/him alive on April 12, 1958
Death occurred at 8:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. Johnson MD (Degree or title)
22b. ADDRESS: Richmond, Mo.
22c. DATE SIGNED: 4/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 13, 1958
23c. NAME OF CEMETERY OR CREMATORY: St. Joseph Cemetery
23d. LOCATION (City, town, or county) (State): Trenton, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thurman Funeral Home, Richmond, Mo.
25. DATE RECD. BY LOCAL REG.: April 15-1958
26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

273
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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, ..., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed *Tom L. Thurman*
Signature of Student Embalmer

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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.