

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001151

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 12

300  
-57

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WSET PLAINS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>WEST PLAINS</b> <i>c 46'</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Length of stay in 1b <b>24 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>ALDRIDGE ST.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIS ALFRED GRIFFIN</b>			4. DATE OF DEATH Month Day Year <b>JAN 7 1959</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-15-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <b>Doctor</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years less birthday) <b>63</b>
11. BIRTHPLACE (City and state or country) <b>OZARK CO. MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM GRIFFIN</b>		13b. MOTHER'S MAIDEN NAME <b>MATILDA DUNCAN</b>	14. NAME OF HUSBAND OR WIFE <b>LENA WESTMORLAND</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>500366653</b>	17. INFORMANT Address <b>MRS WILLIS GRIFFIN WEST PLAINS, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral metastases</b> DUE TO (b) <b>Carcinoma nasopharynx</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) <b>146x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b> <b>1 year</b>
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 Month, Day, Year 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 <b>9/15/58</b> to <b>1/7/59</b> and last saw <sup>her</sup> him alive on <b>1/3/59</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M.L. Fowler MD</b> (Degree or title)		22b. ADDRESS <b>West Plains, Mo.</b>	22c. DATE SIGNED <b>1/19/59</b>
23a. BURIAL, CREMATION, REINTERMENT (Specify)	23b. DATE <b>1-10-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>	23d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO.</b>
24. FUNERAL DIRECTORS <b>Robertsons</b> WEST PLAINS, MO.		25. DATE RECD. BY LOCAL REG. <b>1-29-59</b>	26. REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert L. Drago* .....  
Licensed Embalmer No. *4547* .....  
P. O. Address *West Plains* .....

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.