Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009131
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY: GRUNDY
b. CITY OR TOWN: TRENTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2818 Mabel St. — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: GRUNDY
c. CITY OR TOWN: TRENTON 0402 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2818 Mabel St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROSA Middle: NANCY Belle Last: GRIFFIN
4. DATE OF DEATH: Month: MAR. Day: 26 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: Dec. 8, 1879
9. AGE (In years on last birthday): 77 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: HENRY MOORE
13b. MOTHER'S MAIDEN NAME: FLORENCE SHAW
14. NAME OF HUSBAND OR WIFE: CLAUDE GRIFFIN (dec)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT: Guy Griffin Address: TRENTON Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201

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 [ ] NO [ ]

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 3-26-1959, to ____ and last saw her/him alive on 3-26-1959
Death occurred at 12:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]
22b. ADDRESS: Trenton Mo
22c. DATE SIGNED: 3/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/29/59
23c. NAME OF CEMETERY OR CREMATORY: Wilds Cemetery
23d. LOCATION (City, town, or county) (State): Grundy Co. Mo.

24. FUNERAL DIRECTOR: J. Gordon Blackmore ADDRESS: Trenton Mo.
25. DATE RECD. BY LOCAL REG.: 3-28-59
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 7 1959

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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 Claude H. Crandall

Licensed Embalmer No. 4986

P. O. Address Trenton, 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.