

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

-60-027912

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Township		c. CITY OR TOWN St Louis	
Length of stay in 1b _____		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 miles E of Waynesville,		d. STREET ADDRESS (If outside, give location) 3699 Olive St	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Henry Edgar Griffin, Jr			4. DATE OF DEATH July 16, 1960		
First	Middle	Last	Month	Day	Year

5. SEX Male	6. COLOR OR RACE Cau	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 12, 40	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY U S ARMY	11. BIRTHPLACE (City and state or country) Vanceboro, N C	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Henry Edgar Griffin, Sr.	13b. MOTHER'S MAIDEN NAME Mattie Erma Taylor	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2 yrs 11 mo.	16. SOCIAL SECURITY NO. 495-42-4964	17. INFORMANT Henry E. Griffins, Sr. Address St Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Basal Skull Fracture		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Automobile Accident	
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Automobile Accident
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20c. TIME OF INJURY 5:27 Hour 5:27 a.m. 7/16/60 Month, Day, Year	
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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.) Highway	20f. CITY, TOWN, OR LOCATION Pulaski County, Mo.	COUNTY _____ STATE _____
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred at **5:27 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Maurice D. Cohn, Capt. MC	22b. ADDRESS U S Army Hospital Ft Leonard Wood, Mo.	22c. DATE SIGNED 7/16/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/18/1960	23c. NAME OF CEMETERY OR CREMATORY unknown	23d. LOCATION (City, town, or county) St. Louis, Mo
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24. FUNERAL DIRECTOR Hedges Funeral Homes Inc ADDRESS Crocker, Mo	25. DATE RECD. BY LOCAL REG. 7-16-60	26. REGISTRAR'S SIGNATURE Cula J. Anderson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 29 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Claude Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.