

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

OFFICE OF PUBLIC HEALTH AND WELFARE

=60-045131

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 719

INDEXED FILED VS JAN 3 1961

1. PLACE OF DEATH a. COUNTY BOONE		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 COLUMBIA		c. CITY OR TOWN FLORISSANT	
Length of stay in 1b 4 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR UNIVERSITY OF MISSOURI INSTITUTION MEDICAL CENTER		d. STREET ADDRESS (If outside, give location) 70 RUTH DRIVE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MELVIN Middle MANCIE Last GRIFFIN			4. DATE OF DEATH Month 12 - Day 27 : Year 69			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-5-27	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) NEW LONDON, MO.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME OLLIE GRIFFIN		13b. MOTHER'S MAIDEN NAME BETHEL EPPERSON		14. NAME OF HUSBAND OR WIFE FRANCES GRIFFIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT U.M.M.C. CHART Columbia, Mo. Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema.		INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Cerebral Concussion and Contusion, severe		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia, bilateral		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

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Truck accident	
20c. TIME OF INJURY Hour 2:00 a.m. Month, Day, Year 12-22-60	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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 Columbia	COUNTY Boone STATE Mo.
21. I attended the deceased from 12-23-60 to 12-27-60 and last saw ^{her} _{him} alive on 12-27-60 Death occurred at 9:35 ^p _a m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Samuel P.W. Block, M.D.		22b. ADDRESS Univ. of Missouri Medical Center		22c. DATE SIGNED Dec. 27, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify) Funeral	23b. DATE 12-28-60	23c. NAME OF CEMETERY OR CREMATORIAL Grand View Burial Cem.		23d. LOCATION (City, town, or county) (State) Hannibal Mo
24. FUNERAL DIRECTOR Peckham Funeral Service Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Dec 28, 1960		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

1961 JAN 9 SA

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed J. W. Philby

Licensed Embalmer No. 489

P. O. Address Columbus

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