

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0011931

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 51

FILED MAR 28 1966

VS 300
Rev. 4/59

1 0795
2 0951
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) PERRYVILLE		c. CITY OR TOWN STE. GENEVIEVE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL		d. STREET ADDRESS (If outside, give location) STE. GENEVIEVE REST HOME	
3. NAME OF DECEASED (Type or print) First HENRY Middle RALPH Last GRIFFITH		4. DATE OF DEATH Month MARCH Day 21 Year 1966	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-21-1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	
11. BIRTHPLACE (City and state or country) COFFMAN, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME STEPHEN GRIFFITH		13b. MOTHER'S MAIDEN NAME LAURA COUNTS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		17. INFORMANT JOSEPH GRIFFITH, STE. GENEVIEVE, MISSOURI	
14. NAME OF SPOUSE OR WIFE ZELMA PATTERSON		Address STAR ROUTE # 1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION DUE TO DUE TO (b) PAROXYSMAL FIBRILLATION DUE TO (c) HEART SCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS 2 DAYS 5 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELLITUS			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 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 5:40 a.m. p.m.	Month, Day, Year 10-1-63		
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 10-1-63 to 3-21-66 and last saw him alive on 3-20-66 Death occurred at 5:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) G. K. De Genova MD		22b. ADDRESS Ste. Genevieve, Mo	22c. DATE SIGNED 3-21-66
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-23-1966	23c. NAME OF CEMETERY OR CREMATORY OLD STONE CHURCH CEMETERY COFFMAN, MISSOURI	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR JERRY STANTON MORTUARY, STE. GENEVIEVE,		25. DATE RECD. BY LOCAL REG. 3-22-66	26. REGISTRAR'S SIGNATURE <i>Joe Zellner</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Signature of Student Embalmer

Signed _____

Albert B. Bell

Licensed Embalmer No. *3866*
P. O. Address *Springville, 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.