

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1260

State File No. 318

FILED FEB 14 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>   |  |
| c. LENGTH OF STAY (in this place) <u>42 YRS.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>4906 SOUTH BENTON</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>                              |  |   |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>ROLAND</u> b. (Middle) <u>J.</u> c. (Last) <u>GRIGGS</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>JAN. 20. 1949</u> |  |  |
| 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>                           |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>  |  |
| 8. DATE OF BIRTH <u>JUNE 22. 1906</u>   |  | 9. AGE (In years last birthday) <u>42 YRS</u>           |   | 10. IF UNDER 1 YEAR: MONTHS _____ DAYS _____                           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>     |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>LAUREL HEIGHTS</u> |   | 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |   |   |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>GEORGE E. GRIGGS</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>VETA M. FORD</u> |  | 14. NAME OF HUSBAND OR WIFE <u>MRS. EULA BELLE GRIGGS</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>487-16-1938</u>    |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. EULA BELLE GRIGGS 4906 SOUTH BENTON KANSAS CITY, MO.</u> |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Rheumatic Ht. Disease</u> |  | <u>Years</u>                                    |  |
|   |  | DUE TO (c) <u>Mitral Stenosis</u>  |  |   |  |
|   |  | DUE TO (c) <u>Aortic valvulitis</u>  |  |   |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>H10X</u>               |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>U</u>  |  |

22. I hereby certify that I attended the deceased from July 8, 1947, to Jan 20, 1949, that I last saw the deceased alive on Jan 19, 1949, and that death occurred at 1:55 A.M., from the causes and on the date stated above.

|   |  |                                      |  |                                 |  |
|---|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Ira C. Layton</u> (Degree or title) |  | 23b. ADDRESS <u>934 Argyle Bldg.</u> |  | 23c. DATE SIGNED <u>1-20-49</u> |  |
|---|--|--------------------------------------|--|---------------------------------|--|

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                   |  | 24b. DATE <u>JAN 22 1949</u>                          |  | 24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS CEMETERY</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.V. Newsamer</u> |  | ADDRESS <u>1401 BEUSH CREEK BLVD KANSAS CITY, MO.</u>           |  |
| DATE REC'D BY LOCAL REG <u>1-22-49</u>                                    |  | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>        |  |   |  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....

*Robert Kay*

Signed.....

Student Embalmer

Licensed Embalmer No. *4182*

P. O. Address *A. C. Ma.*

**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 this body is not embalmed, fact should be so stated above.