

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1270

State File No. ....

FILED FEB 2 1952

237

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>6 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>2707 E. 78 St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Holton</b>	b. (Middle) <b>OLIVER</b>	c. (Last) <b>Griswold</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1 13 52</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY-13-1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ACTOR &amp; CLOWN COMEDIAN</b>	11. BIRTHPLACE (State or foreign country) <b>4 NORWAY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JONATHAN GRISWOLD</b>	13b. MOTHER'S MAIDEN NAME <b>AMELIA UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. CATHERINE ELIZABETH GRISWOLD</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CATHERINE ELIZABETH GRISWOLD</b>	ADDRESS <b>2707 E. 78th ST. KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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		INTERVAL BETWEEN ONSET AND DEATH  <b>29030</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute perforation of cardia of stomach into tail of pancreas</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Fracture of left femur</b>  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>At home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City 123 Jackson Missouri</b>
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21d. TIME OF INJURY <b>12-30-1951</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Not at work - At home fell in yard</b>
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22. I hereby certify that I attended the deceased from **Dec. 30, 1951, to Jan. 13, 1952**, that I last saw the deceased alive on **Jan. 13, 1952**, and that death occurred at **5:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b>	(Degree or title)	23b. ADDRESS <b>24th &amp; Cherry</b>	23c. DATE SIGNED <b>1-14-1952</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>JAN-16-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>D.W. NEWCOMER'S SONS</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-16-52</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W.H. Newcomer's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MISSOURI</b>
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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. .

Student .....

Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No. 4452

P. O. Address K.I.C. 4th Ave.

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.