

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24224

State File No.

No. 300
10.48
000
3

ED JUL 20 1953

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty Rural</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hy. bypass #71 5 miles NW</u>		d. STREET ADDRESS (If rural, give location) <u>214 n. Galletin St.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Waverlea</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Griggs</u>	(Month) (Day) (Year) <u>July 12-53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11-1920</u>
9. AGE (In years; last birthday) <u>32</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Parsons Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. NAME OF HUSBAND OR WIFE <u>Luther Griggs</u>	
13a. FATHER'S NAME <u>Melvin Long</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Womack</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>500-14-9952</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Luther Griggs</u>		ADDRESS <u>Liberty, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental death</u>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>Broken neck</u>			
DUE TO (c) <u>struck by automobile</u>			
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 <u>E 8124 25</u>	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Township Clay Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 12, 1953 8:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Struck by automobile.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. O. S. Pate, Coroner by Design M. Thomas Acting Coroner 3</u>		23b. ADDRESS <u>North Kansas City, Mo</u>	
23c. DATE SIGNED <u>7-13-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Parsons</u>		24d. LOCATION (City, town, or county) (State) <u>Parsons Kansas</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Mabel Graham</u>		ADDRESS <u>Parsons-Orchard Co. Liberty, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 13, 1953</u>		491-5	

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

MAR 11 1955

JUL 20 1955

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 John L. ...
Licensed Embalmer No. 4448

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.