

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15958

State File No.

FILED JUN 7 1955

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>90 1/2 Washington St.</u>		e. STREET ADDRESS (If rural, give location) <u>90 1/2 Washington St.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>Nora</u> b. (Middle) <u>E.</u> c. (Last) <u>Griggs</u>		(Month) (Day) (Year) <u>5 31 55</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-2-1875</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>William H. Winfrey</u>		13b. MOTHER'S MAIDEN NAME <u>Parthenia Oliver</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____	
(If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Wesley Griggs, Chillicothe, Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. nephritis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <u>April 15, 1954</u> , to <u>5-29-1955</u> , that I last saw the deceased alive on: <u>5-29-1955</u> , and that death occurred at <u>5:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. Dowell, M.D.</u> (Degree or title)		23b. ADDRESS <u>Chillicothe Mo</u>	
23c. DATE SIGNED <u>5-31-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-2-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Avalon</u>		24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>5/31/55</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neel</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home</u>		ADDRESS <u>Chillicothe, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Joseph M. Libson*.....

Licensed Embalmer No. *476*

P. O. Address *Chillicothe*

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.