

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40588**  
**5669**

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5669

|   |                               |  |   |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                          |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> ) c. LENGTH OF STAY (in this place) <u>Life</u> |                               | c. CITY OR TOWN <b>Kansas City</b> 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 <b>General Hospital #2</b>  |                               | STREET ADDRESS (If rural, give location) <b>1622 Kansas Avenue</b> <u>3248</u>   |   |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <b>(Infant) Griggs</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>12 3 1955</b>   |   |
| 5. SEX <b>2</b> male  | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED (NEVER MARRIED) WIDOWED, DIVORCED (Specify) <u>?</u>  | 8. DATE OF BIRTH <b>12-3-55</b>   |
| 9. AGE (In years last birthday)   |                               | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Hours Min. <b>8 10</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>                             |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>America</b>   |                               | 13a. FATHER'S NAME <b>Jimmie Griggs</b>  |   |
| 13b. MOTHER'S MAIDEN NAME <b>Queen Esther Spivey</b>  |                               | 14. NAME OF HUSBAND OR WIFE <u>none</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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Queen Esther Griggs, 1622 Kansas</b> |
|--|-------------------------------------|---|

|  |  |                                |  |                                  |
|--|--|--------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION          |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Immaturity</u>   |  | DUE TO (b) <u>Prematurity.</u> |  | <u>776h</u>                      |
| *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 (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 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 12-3-55, 19  , to 12-3-55, 19  , that I last saw the deceased alive on 12-3-55, 19  , and that death occurred at 8:00 p m., from the causes and on the date stated above.

|  |   |  |
|--|---|--|
| 23a. SIGNATURE <u>E. Frank Ellis</u> (Degree or title) <u>MD</u>   | 23b. ADDRESS <b>600 East 22nd Street</b>                  | 23c. DATE SIGNED <b>12-3-55</b>                    |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>            | 24b. DATE <u>12-29-55</u>                                 | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke</u> |
| 24d. LOCATION (City, town or county) (State) <u>Kansas City MO</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. ...</u> |  |
| DATE REC'D. BY LOCAL REG. <u>12-28-55</u>                          | REGISTRAR'S SIGNATURE <u>Neola Marshall</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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed Wm. A. Johnson

Licensed Embalmer No. 308

P. O. Address W. C. M.

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.