No. 300
30-48

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9114

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1247

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 30 yrs, ~~30 yrs~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VAH, Kansas City, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2709 East 25th St, Kansas City, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle):
c. (Last): GRIGGS

4. DATE OF DEATH (Month) (Day) (Year): March 19 1956

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-16-89
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Newway Drive in
11. BIRTHPLACE (City and State or Foreign Country): Independence, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Griggs
13b. MOTHER'S MAIDEN NAME: Georgia Gibson
14. NAME OF HUSBAND OR WIFE: Lorene Griggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 10-30-17 to 3-22-19
16. SOCIAL SECURITY NO.: 491221385
17. INFORMANT'S SIGNATURE OR NAME: VA Hospital, Records, ADDRESS: KcMo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericarditis and cardiac metastesis

ANTECEDENT CAUSES — Primary
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Lung, Right
Atelectasis ~~Altactais~~, RUL & RML and massive
DUE TO (c) tumor involvement of both lungs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Plueral effusion, bilateral

INTERVAL BETWEEN ONSET AND DEATH: 162

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 7, 1956, *to* March 19, 1956, ~~[illegible]~~ *and that death occurred at* 2:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE Eugene Hwa (Degree or title): Eugene Hwa MD
23b. ADDRESS: VA Hospital, Kansas City, Mo
23c. DATE SIGNED: 3-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/22/ 1956
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): Independence, Missouri

DATE REC'D BY LOCAL REG.: 3-21-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: Rt. Davis Funeral Home
ADDRESS: 1415 E. Truman Rd., K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lanais H Jackson

Licensed Embalmer No. 485

P. O. Address K. C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.