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FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13274  
1603  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>2900 Hazen</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Charlotte</u>	b. (Middle) <u>Alice</u>	c. (Last) <u>Griggs</u>	(Month) <u>April</u>	(Day) <u>13</u>	(Year) <u>1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 23, 1915</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Reg. Nurse</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Torrence Bartholomew</u>	13b. MOTHER'S MAIDEN NAME <u>Ollie Agness Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Samuel C. Griggs</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>509-16-1153</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Samuel C. Griggs</u>	ADDRESS <u>Kansas City, Kans.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>509-16-1153</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> <u>arteriosclerosis and nephrosclerosis</u>		years <u>16</u>	
DUE TO (c) <u>Unknown</u> & <u>uremia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renovated Wilson Kidney</u>		not	
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) (Min.)	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 3-29, 1956, to 4-12, 1956, that I last saw the deceased alive on 4-12, 1956, and that death occurred at 6:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. N. Gillum</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>929 E-17th St</u>	23c. DATE SIGNED <u>4/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-16-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stanton Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-13-56</u>	REGISTRAR'S SIGNATURE <u>Meva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Royce Hoge</u>	ADDRESS <u>Overland Park, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Minnesota State*

*Nov 2-3565*

**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 *J. R. Dejeu Hoyle*

Licensed Embalmer No. *3579*

P. O. Address *Outchland Park 14*

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.