

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17177**

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **3048** Registrar's No. **125**

1. PLACE OF DEATH a. COUNTY RODARWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RODARWAY MO	
b. CITY OR TOWN MARYVILLE		c. CITY OR TOWN GUILDFORD	
c. LENGTH OF STAY (in this place) 1		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 1123 East 2nd St.			
STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print)	a. (First) MARION	b. (Middle) LUTHER	c. (Last) GRIGGS	4. DATE OF DEATH (Month) (Day) (Year) 5-20-1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-31-1867	9. AGE (in years last birthday) 88	IF UNDER 1 YEAR Months 9 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) CLARK Co mo	12. CITIZEN OF WHAT COUNTRY? U.S.R.
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13a. FATHER'S NAME Stelton A. Griggs	13b. MOTHER'S MAIDEN NAME Rosa Newcomb	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Floyd Bowman	ADDRESS Guildford mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart block (infarction)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 5, 1956**, to **May 20, 1956**, that I last saw the deceased alive on **May 19, 1956**, and that death occurred at **7:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE H.M. Chase	(Degree or title) Do.	23b. ADDRESS Maryville mo	23c. DATE SIGNED May 22-56
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24a. BURIAL, CREMATION & REMOVAL (Specify) Burial	24b. DATE 5-22-1956	24c. NAME OF CEMETERY OR CREMATORY Weatherman	24d. LOCATION (City, town, or county) (State) Guildford mo
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DATE REC'D BY LOCAL REG. 5-26-56	REGISTRAR'S SIGNATURE Deane Bolt	25. FUNERAL DIRECTOR'S SIGNATURE Breit Funeral Home	ADDRESS Savannah mo
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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..... *E. C. Breit*

Licensed Embalmer No. *263*

P. O. Address: *Savannah*

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.