

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 5456
Registrar's No. 62

FILED FEB 20 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040

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>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale, Missouri,</u> <u>0170</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>Farm 3 mile S/E.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Susans Nursing home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Terrell</u> b. (Middle) <u>L.</u> c. (Last) <u>Griswold,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1st, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 10th, 1891</u>	9. AGE (In years last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Hale, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Burr Griswold,</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Alice Lineberry</u>		14. NAME OF HUSBAND OR WIFE <u>Eva R. Griswold,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>499-07-7715</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Eva Griswold, Hale, Missouri</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, asthenia, 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) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatism</u> DUE TO (c) <u>Primary Carcinoma of Prostate Gland</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Rectal Hemorrhage.</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) <u>2</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 12-18, 1957, to 2-1, 1957, that I last saw the deceased alive on 1-31, 1957, and that death occurred at 8:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Norman F. Hansen D.O.</u>		23b. ADDRESS <u>Hale, Mo.</u>		23c. DATE SIGNED <u>2-2-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>2-2-57</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin, Tina, Missouri</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

171-0

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Clifford W. Austin
Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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.