

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 30 1957

32789

STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 239

300
1-57

1. PLACE OF DEATH a. COUNTY <u>nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>missouri</u> b. COUNTY <u>nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>BARRARD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST FRANCIS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>R. R. D.</u>	

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Nellie May Griggs 9-22-1957

5. SEX Female 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH NOV 26-1876 9. AGE (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AC Home 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Dehiance Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George C Donaldson 13b. MOTHER'S MAIDEN NAME Sarah Jane Keith 14. NAME OF HUSBAND OR WIFE Richard H Griggs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Richard H Griggs, Barrard mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Tetanus INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) Nail puncture wound at foot 20 days
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 061X 19. WAS AUTOPSY PERFORMED? 2
YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
Stepped on a nail. did not get to Dr.

20c. TIME OF INJURY Hour a.m. Month, Day, Year 9 3 1957

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 20f. CITY, TOWN, OR LOCATION COUNTY STATE Barrard nodaway mo.

21. I attended the deceased from Sept 18, 1957 to Sept 22, 1957 and last saw her alive on Sept 22, 1957
Death occurred at 8 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS [Address] 22c. DATE SIGNED 9/25/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-22-1957 23c. NAME OF CEMETERY OR CREMATORY Weatherman 23d. LOCATION (City, town, or county) (State) near Nailford mo

24. FUNERAL DIRECTOR ADDRESS Breit Funeral Home Savannah mo 25. DATE RECD. BY LOCAL REG. 9-28-57 26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. *2650*

P. O. Address *Lawrence, Mo.*

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.