

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32935**

FILED OCT 2 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>	c. LENGTH OF STAY (in this place) <b>7 years</b>	c. CITY OR TOWN <b>Rolla</b>	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 <b>717A Pine Street</b>		STREET ADDRESS (If rural, give location) <b>717A Pine Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HAROLD</b>	b. (Middle) <b>OSCAR</b>	c. (Last) <b>GRIGGS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>September 23, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 1, 1891</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months _____ Days _____	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) <b>Custodian</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Drug &amp; Office Bldg.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rolla, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Griggs</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Speight</b>	14. NAME OF HUSBAND OR WIFE <b>Inez, deceased</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Yes</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Joseph Griggs</b>	ADDRESS <b>Clarinda, Iowa</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma liver</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <b>2</b> 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) <b>1561</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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, 1957**, to **Sept. 23, 1957** that I last saw the deceased alive on **Sept. 22, 1957**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold L. Butts</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Rolla, Missouri</b>	23c. DATE SIGNED <b>9/24/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 26, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept. 25, 1957</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Null Sons Funeral Home</b>	ADDRESS <b>By Paul E. Null Rolla, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 835

Date Filed 10/1/57

OCT 10 1957

FEB 5 1958

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.....  
*Paul E. New*

Licensed Embalmer No. 449

P. O. Address Rolla,

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.