

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36598**

FILED NOV 4 1957

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|---|---------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>195</u> | | PRIMARY REG. DIST. NO. <u>2714</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>McDonald</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Lansan</u> | | c. LENGTH OF STAY (In this place) <u>1 mo.</u> | | c. CITY OR TOWN <u>Goodman</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lansan-Murkingstone</u> | | | | e. STREET ADDRESS (If rural, give location) <u>R.F.D.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>WILLIAM WALTER GRIGGS</u> a. (First) b. (Middle) c. (Last) | | | 4. DATE OF DEATH <u>10 13 1957</u> (Month) (Day) (Year) | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>9-25-1872</u> | | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u> | IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wesley Co., Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Joseph Griggs</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. <u>✓</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Griggs Bucklin, Kan</u> ADDRESS _____ | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? <u>2</u> 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>4221</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 <u>10-10</u> , 19 <u>57</u> , to <u>10-13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>10-10</u> , 1957, and that death occurred at <u>11 3/4</u> a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Blumenstep M.D.</u> | | | | 23b. ADDRESS <u>Anderson Mo.</u> | | 23c. DATE SIGNED <u>10-15-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-16-1957</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Tomlinson Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Anderson, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-16-57</u> | | REGISTRAR'S SIGNATURE <u>Maryne Humphrey</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.E. Cheatham</u> ADDRESS <u>Anderson Mo.</u> | | | |

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

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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 me....., Student Embalmer No. ✓ working under my personal supervision..

Student ✓.....
Signature of Student Embalmer

Signed R. E. Cheston.....

Licensed Embalmer No. 3813.....

P. O. Address Anderson.....

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.