

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-000323**

**FILED VS JAN 13 1960**

042 Primary Registration District No. 1000 Registrar's No. 27

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Okla. b. COUNTY Oklahoma	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 2 Days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hotel		c. CITY OR TOWN Edmond	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 521 South Broadway	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE GRIGGS			4. DATE OF DEATH Month Day Year January 7, 1960		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 31, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician & Police Work	10b. KIND OF BUSINESS OR INDUSTRY City Empl.	11. BIRTHPLACE (City and state or country) Brookfield, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Griggs	13b. MOTHER'S MAIDEN NAME Sarah Harrison	14. NAME OF HUSBAND OR WIFE Ada Griggs
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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) No	16. SOCIAL SECURITY NO. Not Known	17. INFORMANT Ada Griggs	Address Edmond, Okla.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Natural Causes - Unattended Death.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Investigated by City Health Dept</u>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ 11:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert W. Kieber, MD</u> (Print or title)	22b. ADDRESS <u>St. Joseph, Mo</u>	22c. DATE SIGNED <u>1-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-8-60	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Edmond, Okla.
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24. FUNERAL DIRECTOR <u>H.O. Sidenfaden &amp; Son</u>	ADDRESS <u>St Joseph, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan. 11, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Sandell</u>
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DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION  
R.W. Kieber, MD

APR 6 1962

MAR 14 1961

Dr. Kueber

JAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert H. Gaylor*

Licensed Embalmer No. 3308

P. O. Address St. Joseph, 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.