

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030170

FILED VS SEP 14 1960

STATE FILE NUMBER

Registration District No. 194 Primary Registration District No. 5432 Registrar's No. 36

INDEXED

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY FRANKLIN		b. CITY (If outside corporate limits, give TOWNSHIP only) MERAMEC		Length of stay in 1b 13 HRS		c. STATE ILLINOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) MERAMEC		Length of stay in 1b 13 HRS		c. CITY OR TOWN CHICAGO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTE CAVE MOTEL STANTON, MO.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4208 S. CAMPBELL AVE			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOHN		Middle -		Last GRIGUS		Month Day Year SEPT. 10 - 1960	
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 MAY 22, 1914	9. AGE (last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY STEEL		11. BIRTHPLACE (City and state or country) HARTSHORNE, OKLA.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOHN GRIGUS			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE FRANCES KOWALIS		
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. UNKNOWN		17. INFORMANT FRANCES GRIGUS CHICAGO, ILL.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) PRESUMPTIVELY ACUTE							
DUE TO (b) CORONARY THROMBOSIS							
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"/> N- <input type="checkbox"/> Unknown		
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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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	
21. I attended the deceased from Sept 10, 1960 and last saw him alive on _____							
Death occurred at 7:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John J. DeCarandini				22b. ADDRESS SULLIVAN, MO.		22c. DATE SIGNED 9/10/60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL REMOVAL		SEPT. 14, 1960		HOLY SEPULCHRE		WORTH, ILLINOIS	
24. FUNERAL DIRECTOR H. M. EATON			ADDRESS SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. 9-10-60		26. REGISTRAR'S SIGNATURE Harmon R. Eaton

BY A DEPUTY OF

SEP 29 1960

SEP 15 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harrison H. Eaton

Licensed Embalmer No. 5060

P. O. Address Sullivan, T

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.