

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005910

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 71

AMENDED

FILED VS MAR 1 1961

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Hannibal Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital		d. STREET ADDRESS (If outside, give location) 418 Jefferso Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ADDIE Middle MAE Last GRIGGS			4. DATE OF DEATH Month February Day 16 Year 1961		
5. SEX Female	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 July 22, 1878	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 6 Days 24 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jefferson City Missouri	
11. BIRTHPLACE (City and state or country) U S A		12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME Won Meter Watkins	
13b. MOTHER'S MAIDEN NAME Marry Rennel		14. NAME OF HUSBAND OR WIFE Ernest C. 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 Ernest C. Griggs		Address Hannibal Missouri	

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) Starvation			3 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Congestive Heart disease	2 years	
	DUE TO (c) myocardial anoxia	2 years	

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.)	
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.) Hannibal Marion Mo	20f. CITY, TOWN, OR LOCATION Hannibal COUNTY Marion STATE Mo
21. I attended the deceased from 1/16/61 to 2/16/61 and last saw her alive on 2/16/61 . Death occurred at 9:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE J. H. Watterschick M.D. (Degree or title)	22b. ADDRESS 1209 Broadway, Hannibal, Mo.	22c. DATE SIGNED 2/20/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/18/1961	23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	23d. LOCATION (City, town, or county) (State) New London Missouri
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24. FUNERAL DIRECTOR W. Crawford Smith ADDRESS Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 2/23/61	26. REGISTRAR'S SIGNATURE Dr. E. M. Duke by Lillian M. Newman
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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

H. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.