

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008805
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1200

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY **JACKSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **JACKSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
OR **KANSAS CITY** **1 year.**

c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits
Muehleback Hotel Yes No
12th & Baltimore

d. STREET ADDRESS (If outside, give location) Reside on Farm
Muehlebach Hotel Yes No
12th. & Baltimore.

3. NAME OF DECEASED First **GRISWOLD** Last
LLOYD THOMAS GRISWOLD

4. DATE OF DEATH Month Day Year
March 6, 1961

5. SEX **Male**

6. COLOR OR RACE **Caucasian**

7. Married Never Married
Widow Divorced

8. DATE OF BIRTH **1-27-04**

9. AGE (last birthday) **57**

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Sales staff**

10b. KIND OF BUSINESS OR INDUSTRY **Muehlebach Hotel**

11. BIRTHPLACE (City and state or country) **Harrison, Ark.**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Victor L. Griswold**

13b. MOTHER'S MAIDEN NAME **Laura L. Judy**

14. NAME OF HUSBAND OR WIFE **Divorced**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes. WW2**

16. SOCIAL SECURITY NO. **WW2**

17. INFORMANT Address **Hotel employment records.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arterial failure**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Secondary insufficiency**
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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Hugh H. Owens**

22b. ADDRESS **152 Union Station**

22c. DATE SIGNED **1-6-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

23b. DATE **Mar. 6, 1961**

23c. NAME OF CEMETERY OR CREMATORY **D.W. Newcomer's Sons**

23d. LOCATION (City, town, or county) (State) **Ft. Madison, Iowa**

24. FUNERAL DIRECTOR ADDRESS **Kansas City, Missouri.**

25. DATE RECD. BY LOCAL REG. **3-7-61**

26. REGISTRAR'S SIGNATURE **Ruth Long**

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 *W. A. Nelson*
Licensed Embalmer No. 4481

P. O. Address Kansas City

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.