MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014718
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5953 Registrar's No. 49

AMENDED FILED APR 26 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Buffalo Township — Length of stay in 1b: 4 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home, R.F.D.#2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pike
c. CITY OR TOWN: Louisiana — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D.#2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Lester Last: Griggs
4. DATE OF DEATH: Month: April Day: 22 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/7/1899
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Nursery
11. BIRTHPLACE (City and state or country): McDonald County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Reuben Griggs
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Madeline Griggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
17. INFORMANT: Madeline Griggs Address: Louisiana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteo-Sclerosis
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 a.m. p.m. Month, Day, Year —
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~~ dead on April 22 61
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. O. Mudd Coroner
22b. ADDRESS: Bowling Green, Mo.
22c. DATE SIGNED: Ap 22-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/25/1961
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Louisiana, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Sterne Funeral Home Louisiana, Mo.
25. DATE RECD. BY LOCAL REG.: Apr 24-61
26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

MAY 3 1961

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 J.B. Stemle

Licensed Embalmer No. 4039

P. O. Address Louisiana 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.