ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021653
STATE FILE NUMBER

RTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 122

AMENDED

FILED JUN 27 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage, Missouri — Length of stay in 1b 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 923 Orner, Carthage — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Carthage — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1330 S Maple, Carthage — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle CHERRY Last GRIGGS
4. DATE OF DEATH Month June Day 23 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-1-1901
9. AGE (last birthday) 60 — 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) Retired Wholesale
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocery
11. BIRTHPLACE (City and state or country) Mt Vernon Mo
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Grocery Salesman John Wm. Griggs
13b. MOTHER'S MAIDEN NAME Mollie Cherry
14. NAME OF HUSBAND OR WIFE Mildred Porter Griggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service
16. SOCIAL SECURITY NO.
17. INFORMANT Mildred Porter Griggs — Address 1330 S Maple

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) Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH 12 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 2-12-49, to 6-23-61 and last saw ~~her~~ him alive on 1-10-61
Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank H. Birmer MD
22b. ADDRESS Carthage, Missouri
22c. DATE SIGNED 6-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-24-61
23c. NAME OF CEMETERY OR CREMATORY Park Cemetery
23d. LOCATION (City, town, or county) (State) Carthage, Missouri

24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Mo
25. DATE RECD. BY LOCAL REG. 6-23-61
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Robert H. Knell

Signature of Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.