

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-003834

STATE FILE NUMBER

AMENDED

FILED JAN 19 1962

318

Primary Registration District No.

1003

Registrar's No.

398

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 4 DAYS	c. CITY OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) MERAMEC HOTEL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EARL F. GRISWOLD			4. DATE OF DEATH Month Day Year JANUARY 9, 1962		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-22-1892	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSURANCE AGENT		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE		11. BIRTHPLACE (City and state or country) New Haven, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Sylvanus Griswold		13b. MOTHER'S MAIDEN NAME Anna Louise Hasenfratz	
14. NAME OF HUSBAND OR WIFE (dec'd) Ethel Martin Griswold		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			
16. SOCIAL SECURITY NO.		17. INFORMANT Address Martin Griswold Washington, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CIRCULATORY FAILURE DUE TO (b) GENERALIZED ARTERIOSCLEROSIS DUE TO (c) CEREBRAL ARTERIOSCLEROSIS 334x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) T U R PROSTATE--NODULAR HYPERPLASIA PROSTATE 1-8-62					INTERVAL BETWEEN ONSET AND DEATH 12 HRS. 30 YRS. 10 YRS.
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.		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		20g. COUNTY		20h. STATE	
21. I attended the deceased from 5 January, 1962 to 9 January, 1962 and last saw her alive on 9 January, 1962 Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Richard P. Parsner, MD. (Degree or title)			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED Jan, 1962
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1-12-1962	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEM.		23d. LOCATION (City, town, or county) SULLIVAN (State) MO
24. FUNERAL DIRECTOR H.M. EATON SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. 1-9-1962		26. REGISTRAR'S SIGNATURE Loal Smith, M.D.	

00001301 05-11

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,

 , Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harrison B. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, 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.