

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

No. 300

FILED DEC 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		State File No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Butler</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Como Twp</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>George</u>			b. (Middle) _____			c. (Last) <u>Griggs</u>	
(Type or Print)			Date: (Month) (Day) (Year) <u>Nov - 3 - 1953</u>			6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1906-9-3</u>		9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>"</u>		11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Willie A Griggs</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Bridges</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Burned up</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Griggs</u> ADDRESS <u>Columbia Tenn</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thermal Burns</u>				<u>15 hr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>E9160</u> <u>16</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Como Twp New Madrid Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 18-53-9pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Home burned</u>			
22. I hereby certify that I attended the deceased from <u>10-18-1953</u> to <u>11-3-1953</u> that I last saw the deceased alive on <u>11-3-53</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin P. Bashaw, M.D.</u>				23b. ADDRESS <u>Carroll B. Hill</u>		23c. DATE SIGNED <u>11/15/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Clarkston Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/28/53</u>		REGISTRAR'S SIGNATURE <u>G. O. Mueller</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas C. Knight Malden Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
NOV 30 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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
Student Embalmer

Signed Thomas C. Knight

Licensed Embalmer No. 2189

P. O. Address Malden 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 this body is not embalmed, fact should be so stated above.