

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

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BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5760</u>		Registrar's No. <u>235</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>U.S. Highway 61 No. 1</u> )		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u>		d. STREET ADDRESS (If rural, give location) <u>1501 N. 8th</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Palmer Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1501 N. 8th</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>Ray</u>			c. (Last) <u>Griggs</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>6-18-1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>Aug. 26, 1929</u>		9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months <u>9</u> Days _____		IF UNDER 12 mos. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Keokuk, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Freeman Griggs</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Adams</u>			14. NAME OF HUSBAND OR WIFE <u>Colleen Griggs</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Colleen Griggs, 1501 N. 8th</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Verdict of Jury: Unavoidable</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident - Motorcycle &amp; automobile hit head on</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>EPAS 4 26</u>				INTERVAL BETWEEN ONSET AND 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.) <u>718 Highway 61</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Quincy, Ill</u> (STATE) <u>Ill</u>		21f. HOW DID INJURY OCCUR? <u>Head on collision auto &amp; motorcycle</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. M. O'Donnell</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Hannibal Mo</u>			23c. DATE SIGNED <u>6/19/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>6/19/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>West Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West Point, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>6/24/54</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Luede</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. M. O'Donnell Hannibal Mo</u>				

JUL 7 1954  
RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 7 1954

JUL 13 1954

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 \_\_\_\_\_

Licensed Embalmer No. 3889

P. O. Address Hammel 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.