

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14024

State File No.

FILED MAY 14 1956

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY OR TOWN <u>Hannibal</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth Hospital</u>		STREET ADDRESS (If rural, give location) <u>1913 Settle St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy Marie</u> b. (Middle) <u>Griggsby</u> c. (Last) <u>Griggsby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 56</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 1 1914</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal</u>	12. COUNTRY OF WHAT CITIZENRY? <u>U.S</u>	

13a. FATHER'S NAME <u>William Tyler</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Estel Griggsby</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Estel Griggsby</u> ADDRESS <u>Settle St</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia</u>		4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atalecasis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>5-2-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Chronic cholecystitis with stones</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>584x</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"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 23, 1956, to May 7, 1956, that I last saw the deceased alive on May 7, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>707 Bdwy, Hannibal, Mo.</u>	23c. DATE SIGNED <u>5-7-56</u>
-----------------------------------	--------------------------------	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5 9 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robinson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-9-56</u>	REGISTRAR'S SIGNATURE <u>Dr. Em. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Stephens</u> ADDRESS <u>Hannibal Mo</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 11 1956
MARION CO. HEALTH DEPT.
DATE FILED MAY 11 1958

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 W. R. Sephus.....

Licensed Embalmer No.....

P. O. Address Hannibal.....

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.