

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

STATE FILE NUMBER 2106

Registration District No. 240 Primary Registration District No. 4358 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY New Madrid			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY New Madrid			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lilbourn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lilbourn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 3 Mo.	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Agnes Middle Griggs Last Griggs			4. DATE OF DEATH Month Jan Day 21 Year 1957			
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept-12-1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 4 Days 9 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Ella Johnson-Lilbourn, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Embolus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cancer - pneumonia DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH	
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 Lilbourn, New Madrid - Mo.		COUNTY New Madrid STATE Mo.	
21. I attended the deceased from 1-20-1957 , to 1-21-57 and last saw her ^{alive} on 1-21-57 Death occurred at 3:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) D. B. H. Chastain D.O.			22b. ADDRESS Lilbourn, Mo.		22c. DATE SIGNED 1-22-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 24, 1957	23c. NAME OF CEMETERY OR CREMATORY Sand Hill Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Mo.			
24. FUNERAL DIRECTOR Ponder Funeral Home-Lilbourn, Mo.		ADDRESS Lilbourn, Mo.	25. DATE RECD. BY LOCAL REG. 1-22-1957	26. REGISTRAR'S SIGNATURE A. L. Ponder Deputy.		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard instruments. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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DATE RECEIVED JAN 24 1957
NEW MADRID CO. HEALTH CENTER

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 Harold H. Ponder....., Student Embalmer No. 59
working under my personal supervision..

Student Harold H. Ponder
Signature of Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 33

P. O. Address Tilbourn

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