FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31108
STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 4085 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale, Missouri / Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Edith Harper home. Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll 10170
c. CITY OR TOWN Hale, RFD Inside Limits Yes ☐ No X 0
d. STREET ADDRESS (If outside, give location) 2½ Miles S/W Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First EVA Middle RUTH Last GRISWOLD

4. DATE OF DEATH Month Sept. Day 23rd Year 1957

5. SEX F

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X 2 DIVORCED ☐

8. DATE OF BIRTH Feb. 8th, 1894

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 7 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Hale, Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wildiam Tedrow,

14. MOTHER'S MAIDEN NAME Emma Sharer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO.

17. INFORMANT L. A. Tedrow, Address Taylerville, Illinois.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c) Cerebral Embolism 332X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-9-57, to 9-23-57 and last saw her/him alive on 9-23-57
Death occurred at 9:30 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Norman F. Hansen (Degree or title) D.O.

22b. ADDRESS Hale, Mo.

22c. DATE SIGNED 9-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/25/1957

23c. NAME OF CEMETERY OR CREMATORY Hale cemetery

23d. LOCATION (City, town, or county) (State) Hale, Missouri

24. FUNERAL DIRECTOR Clifford W. Austin, ADDRESS Tina, Missouri

25. DATE RECD. BY LOCAL REG. Oct. 2, 1957

26. REGISTRAR'S SIGNATURE Mrs Rex Henderson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clifford W Austin 10

Licensed Embalmer No. 323

P. O. Address Tina, M

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.