Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039057
STATE FILE NUMBER

Filed DEC 5 1958 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 664

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Doctors Hospital — Length of stay in Ib: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Gibson 0350 0 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: WALTER Last: GRIGGS

4. DATE OF DEATH: Month: Nov. Day: 19 Year: 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Dec. 16, 1886

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): --Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Waltrip

13b. MOTHER'S MAIDEN NAME: Jackson Horn

14. NAME OF HUSBAND OR WIFE: Bettie Griggs

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Roy Waltrip, Campbell, Mo. Rte. (Address)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac decompensation	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic cardiovascular disease	Unknown
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4221

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

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 11-17-58, to 11-19-58 and last saw her/him alive on 11-19-58. Death occurred at 10:20 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Engelhardt M.D.

22b. ADDRESS: Poplar Bluff, Mo

22c. DATE SIGNED: 11/21/58

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

23b. DATE: Nov. 21, 1958

23c. NAME OF CEMETERY OR CREMATORY: Stanfield Cemetery

23d. LOCATION (City, town, or county) (State): Clarkton, Missouri, Rte.1

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo

25. DATE RECD. BY LOCAL REG.: 11/29/58

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 .....
Signature of Student Embalmer

Signed Christine M. Landess

Licensed Embalmer No. 4227.

P. O. Address Campbell, M

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.