

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000614

FILED VS. JAN 17 1961

STATE FILE NUMBER

AMENDED

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 1

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Chariton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b 10 yrs	c. CITY OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Grand		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North Grand		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Hallie Middle Eldridge Last Griswold			4. DATE OF DEATH Month January Day 11 Year 1961		
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/17/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Durand, Wisconsin	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Jobe Denton Eldridge		13b. MOTHER'S MAIDEN NAME May Babcock		14. NAME OF HUSBAND OR WIFE Rev. Charles E. Griswold	
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 Mr. Eldridge Griswold, Salisbury, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins Disease - generalizil year Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) May 28, 1960	20f. CITY, TOWN, OR LOCATION Salisbury, Mo.	COUNTY _____	STATE _____
21. I attended the deceased from May 28, 1960 to Jan 11, 1961 and last saw her Jan 10, 1961 Death occurred at 12:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. H. ... MD (Degree or title)			22b. ADDRESS Salisbury, Mo.		22c. DATE SIGNED 1-11-61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Jan. 12, 1961	23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery, Salisbury, Mo.	23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo.		25. DATE RECD. BY LOCAL REG. 1-11-61	26. REGISTRAR'S SIGNATURE Opal L. Spence		

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

Chas B Winkelmeier

Licensed Embalmer No.

3842

P. O. Address

Salisbury, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.