

FILED MAY 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13370

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>WOODBURY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA 17</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIoux CITY 13</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>601 OTOE STREET 2</u>	
3. NAME OF DECEASED a. (First) <u>HAROLD</u>		b. (Middle) <u>GRANT</u>	
c. (Last) <u>GRIFFITH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28, 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN 11, 1916</u>
9. AGE (In years last birthday) <u>33</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MUSICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ORCHESTRA</u>	
11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GRANT EUGENE GRIFFITH</u>		13b. MOTHER'S MAIDEN NAME <u>ADA MATILDA RUPPERT</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WORLD WAR II</u>	
16. SOCIAL SECURITY NO. <u>483-03-8595</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HOSPITAL RECORDS</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia, Left</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>490X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>4/28/49</u> to <u>4/28/49</u> , that I last saw the deceased alive on <u>4/28/1949</u> , and that death occurred at <u>11:35 PM</u> on the causes and on the date stated above.			
23a. SIGNATURE <u>Robert L. Andrae M.D.</u>		23b. ADDRESS <u>216 Georgia St. Louisiana, Mo</u>	
23c. DATE SIGNED <u>4/29/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APRIL 29, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>SIoux CITY, IOWA</u>	
DATE REC'D BY LOCAL REG. <u>April 29, 1949</u>		REGISTRAR'S SIGNATURE <u>Bernice Colliver</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HALEY MORTUARY - LOUISIANA</u>			

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

MAY 14 1949

RECEIVED

District Health Officer No

District File Number 5-49-8

MAY 1 0 1949

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.

Signed *Geo. M. Callie*

Signed.....
Student Embalmer

Licensed Embalmer No. 3839

P. O. Address *Louisiana 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 this body is not embalmed, fact should be so stated above.