S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 19024

FILED MAY 26 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY Salinehall
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Marshall Township
c. LENGTH OF STAY (In this place) Instant
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway # 65 - 6 Mi.N.W.Marshall,Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mercer 0650
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) Markwood c. (Last) Griffin

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /
8. DATE OF BIRTH Aug. 13, 1918
9. AGE (In years last birthday) 33 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clell Griffin
13b. MOTHER'S MAIDEN NAME Susie McCartney
14. NAME OF HUSBAND OR WIFE Bernice Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 500-07-3567
17. INFORMANT'S SIGNATURE OR NAME Mrs Bernice Griffin ADDRESS Mercer Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed by truck, Accident — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) It is my opinion the
DUE TO (c) deceased went to sleep

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 099
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 65
21c. (CITY, TOWN, OR TOWNSHIP) Marshall (COUNTY) Saline (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 22, 1952, 4:10 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? In my opinion deceased fell a sleep.

22. I hereby certify that I attended the deceased from Made an investigation May 22, 1952, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 4:13 a.m., from the causes and on the date stated above.

23a. SIGNATURE C. L. Lawless (Degree or title) Coroner Saline Co. 3
23b. ADDRESS Marshall Mo.
23c. DATE SIGNED 5-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE May 24, 1952
24c. NAME OF CEMETERY OR CREMATORY Girdner Cemetery
24d. LOCATION (City, town, or county) Mercer County (State) Mo.

DATE REC'D BY LOCAL REG. May, 23, 1952
REGISTRAR'S SIGNATURE Sidney T Gray 385
28. FUNERAL DIRECTOR'S SIGNATURE James Granlee ADDRESS Lineville Ia.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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, [redacted] .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed James L. Greenlee

Licensed Embalmer No. 3967

P. O. Address Lineville Iowa

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.