

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14962

State File No.

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 575

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Tazawell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Pekin
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) Beryl b. (Middle) Elwyn c. (Last) Griffin			4. DATE OF DEATH (Month) (Day) (Year) June 2, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH September 13, 1904	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section foreman		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Griffin	13b. MOTHER'S MAIDEN NAME Matilda West	14. NAME OF HUSBAND OR WIFE June
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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. 709-01-9114	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joan Berchtold, Green Valley, Ill.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion & laceration with hemorrhage		48 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident DUE TO (c)		48 hours
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 31 May 1954	19b. MAJOR FINDINGS OF OPERATION Suturing laceration of face	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway #36	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near Osburn Clinton Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 31 1954 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from **31 May, 1954**, to **2 June, 1954**, that I last saw the deceased alive on **2 June, 1954**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. F. Butler	(Degree or title) M.D.	23b. ADDRESS THOMPSON, BRUMM & KNEPPER CLINIC 912 Edmond St., St. Joseph, Mo.	23c. DATE SIGNED 3 June 1954
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 6/4/1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Pulaski, Illinois	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG June 7, 1954	REGISTRAR'S SIGNATURE Katherine M. Allison	485-0	25. FUNERAL DIRECTOR'S SIGNATURE Heston - Bowman	ADDRESS St. Joseph, Mo.
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(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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *William Spalding*

Licensed Embalmer No. *4535*...

P. O. Address *319 S. 10th St.*...

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.