

FILED MAY 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **16600**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **147** PRIMARY REG. DIST. NO. **4231** Registrar's No. **16**

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Howell</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b> b. COUNTY <b>Howell</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Mountain view</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Mountain view</b> <b>0460</b>                      |  |
| c. LENGTH OF STAY (In this place)<br><b>5 min.</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>0</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>                                      |  |   |  |

|   |                          |                          |                   |  |  |
|---|--------------------------|--------------------------|-------------------|--|--|
| 3. NAME OF DECEASED.<br>(Type or Print) |                          |                          | 4. DATE OF DEATH  |  |  |
| a. (First) <b>Corrine</b>               | b. (Middle) <b>Julia</b> | c. (Last) <b>Griffin</b> | <b>May 2-1950</b> |  |  |

|                 |                           |   |                                       |  |  |  |
|-----------------|---------------------------|---|---------------------------------------|--|--|--|
| 5. SEX <b>♀</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b> | 8. DATE OF BIRTH <b>April 13-1942</b> | 9. AGE (In years last birthday) <b>8</b> | IF UNDER 1 YEAR Months <b>0</b> Days <b>20</b> | IF UNDER 24 HRS. Hours <b>0</b> Min. <b>20</b> |
|-----------------|---------------------------|---|---------------------------------------|--|--|--|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Harvey, Illinois</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|--|-----------------------------------|---|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>Frederick Griffin</b> | 13b. MOTHER'S MAIDEN NAME <b>Agusta Borg</b> | 14. NAME OF HUSBAND OR WIFE <b>child</b> |
|---|--|--|

|   |                         |   |         |
|---|-------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Agusta Griffin Mtn view, Mo.</b> | ADDRESS |
|---|-------------------------|---|---------|

|  |  |  |   |
|--|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>GUNSHOT WOUND - 22 Rifle of R7 Low Chest + Upper Abdomen.</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>30 min.</b><br><b>8:19:00</b><br><b>19</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Gun fired by her 6 year old brother</b> |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|   |   |  |
|---|---|--|
| 21a. ACCIDENT (Specify) <b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post, office bldg., etc.) <b>AT HOME</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Mountain View - Howell - Mo</b> |
|---|---|--|

|  |   |  |
|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>MAY 2 1950 7:30</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR <b>Gunshot Wound - Rifle fired by 6 yr old brother</b> |
|--|---|--|

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 p. m.**, from the causes and on the date stated above.

|  |                    |   |                                  |
|--|--------------------|---|----------------------------------|
| 23a. SIGNATURE <b>Tellus Smith, M.D. Coroner</b> | (Disease or title) | 23b. ADDRESS <b>Howell Co. West Plains, Mo.</b> | 23c. DATE SIGNED <b>2 May 50</b> |
|--|--------------------|---|----------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>5-5-50</b> | 24c. NAME OF CEMETERY OR CREMATORY. <b>City</b> | 24d. LOCATION (City, town, or county) (State) <b>Mountain View, Mo.</b> |
|---|-------------------------|---|---|

|  |   |   |         |
|--|---|---|---------|
| DATE REC'D BY LOCAL REG. <b>5/5/50</b> | REGISTRAR'S SIGNATURE <b>Laura Mitchell</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral home Mtn View, Mo.</b> | ADDRESS |
|--|---|---|---------|

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

460

RECEIVED 5-8-50

District Health Officer No. 5,

District

560 277

Filed

5-10-50

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

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....  
Signed *Joe F. Duncan*  
Licensed Embalmer No. *4325*  
P. O. Address *Mt. View, D.*

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.