

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11861

State File No.

No. 300
10.48

FILED APR 28 1951

BIRTH NO. _____		REG. DIST. NO. <u>ST</u>	PRIMARY REG. DIST. NO. <u>3011</u>	Registrar's No. <u>45</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carrollton</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Norborne</u> <u>B/70</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Staton Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>105 east 3rd Street.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Graper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 18/1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 29, 1891</u>	9. AGE (In years last birthday) <u>60.</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Repair Shop</u>		11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Graper</u>		
13b. MOTHER'S MAIDEN NAME <u>Margarett Stemple</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Graper</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-I4-2732</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Wm Graper</u> ADDRESS <u>Norborne Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET OF DEATH <u>?</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) <u>Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>April 14, 1951</u> to <u>April 18, 1951</u> that I last saw the deceased alive on <u>April 18, 1951</u> , and that death occurred at <u>12:35 p.m.</u> from the causes and on the date stated above.				
23. SIGNATURE <u>Dr. Hamilton Staton</u> (Dr., M.D., or title)		23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>April 20</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20/1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Luthera Cemetery</u>
24d. LOCATION (City, town, or county) <u>North Norborne, Mo.</u>		(State) _____		
DATE REC'D BY LOCAL REG. <u>4/20/51</u>		REGISTRAR'S SIGNATURE <u>Mr Herbert Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Deitch Jr.</u> ADDRESS <u>Norborne</u>

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John D. Peitch Jr

Licensed Embalmer No. 4797

P. O. Address Warborne

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.