.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13732

State File No. .....

BIRTH NO. FILED MAY 12 1953 REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 28

0300

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

1. PLACE OF DEATH
a. COUNTY: DALLAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUFFALO
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dallas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buffalo 0300
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) THADDUS b. (Middle) ALVIN c. (Last) DEGRAFFENREID

4. DATE OF DEATH (Month) (Day) (Year): 5-4-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-27-1899
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR Months Days: 6 8 — IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): welder pipefitter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W.M. Degraffenreid
13b. MOTHER'S MAIDEN NAME: Sarah Moulder
14. NAME OF HUSBAND OR WIFE: Betty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-26-0891
17. INFORMANT'S SIGNATURE OR NAME: Betty Degraffenreid — ADDRESS: Buffalo 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	1 1/2 hr
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	?
DUE TO (c)	Arteriosclerosis	?
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: 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* May 4, 1953, *that I last saw the deceased alive on* 4 May, 1953, *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: O A Griffin (Degree or title): MD
23b. ADDRESS: Buffalo
23c. DATE SIGNED: 7 May 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-8-1953
24c. NAME OF CEMETERY OR CREMATORY: Church
24d. LOCATION (City, town, or county) (State): Roach Mo

DATE REC'D BY LOCAL REG.: 5/9/53
REGISTRAR'S SIGNATURE: Mrs Grace Titus 80-0
25. FUNERAL DIRECTOR'S SIGNATURE: R B Jones — ADDRESS: Buffalo Mo

(Licensed Embalmer's Statement on Reverse Side)

BS OCT 2 0 1960

JUL 22 1955

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 Embalmer No.....

Signed Marion B Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 4322

P. O. Address Buffalo, 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.