

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9250

FILED MAR 22 1955

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4456</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair 0930</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jenay</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Wich, Mo.</u>		0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>			b. (Middle) <u>CATHARIN</u>			c. (Last) <u>GRAEF</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 11-55</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow 2</u>	
8. DATE OF BIRTH <u>Oct. 14-1868</u>		9. AGE (In years last birthday) <u>86</u>		# UNDER 1 YEAR Months Days <u>4 27</u>		# UNDER 1 HR. Hours Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Dover Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin HENNY</u>		13b. MOTHER'S MAIDEN NAME <u>ANN Goodman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>Myocardial infarction</u>				None	
ANTECEDENT CAUSES _____		DUE TO (b) <u>Arteriosclerotic C.V. disease</u>				years _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____				/	
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 _____				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) _____		4201	
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>August</u> , 19 <u>53</u> , to <u>March 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 8</u> , 19 <u>55</u> , and that death occurred at <u>2:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>K. A. Shekman M.D. A</u>				23b. ADDRESS <u>Appleton City Mo.</u>		23c. DATE SIGNED <u>Mar 12 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullins</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi SW of wich Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 13, 1955</u>		REGISTRAR'S SIGNATURE <u>Chas Abney</u> 285		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscear Eckhoff</u> ADDRESS <u>Appleton City Mo.</u>			

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
Student Embalmer

Signed Oscar Eckhoff.....

Licensed Embalmer No. 3942.....

P. O. Address Appleton City.....

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.