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FILED AUG 11 1955 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3205

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY OR TOWN <u>KANSAS CITY</u> | c. LENGTH OF STAY (in this place) <u>10 yrs</u> | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2018-E-19 ST.</u> | | e. STREET ADDRESS (If rural, give location) <u>2018-E-19 ST 3320</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HENRY</u> | b. (Middle) <u>DE GRAFFRIEDT</u> | c. (Last) <u>DE GRAFFRIEDT</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>7-26-1955</u> |
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| 5. SEX <u>3</u> <u>MALE</u> | 6. COLOR OR RACE <u>COLORED</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u> | 8. DATE OF BIRTH <u>12-25-1905</u> | 9. AGE (In years last birthday) <u>49</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>fanator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>apartment</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sharkey Co. Mississippi U.S.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Bud De Graffriedt</u> | 13b. MOTHER'S MAIDEN NAME <u>Armelia Trotter</u> | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>unk.</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Audrian De Graffriedt</u> | ADDRESS. <u>Greenville Miss.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Stricture of Esophagus</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>150X</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma</u> | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>7-25-1955</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Autopsy in purpose of death</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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>Kansas City Jackson MO</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>MO</u> |

22. I hereby certify that I attended the deceased from 6-25-1955, to 7-26-1955, that I last saw the deceased alive on 7-26-1955, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>F.N. Phillips</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>453 Minnesota Ave. K.C. Mo.</u> | 23c. DATE SIGNED <u>7-28-1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7-31-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>-</u> | 24d. LOCATION (City, town, or county) (State) <u>Greenville, Mississippi</u> |
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| DATE REC'D BY LOCAL REG. <u>7-28-55</u> | REGISTRAR'S SIGNATURE <u>Reva Minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BROWN-HUASON</u> | ADDRESS <u>K.P., MO.</u> |
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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 *John R. Edmon*.....
Licensed Embalmer No. *45*.....
P. O. Address *Kansas*.....

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.