Health, Welfare Public Service

300
1-56

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39042

FILED NOV 26 1956 Registration District No. 280 Primary Registration District No. 5944 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY Platte.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pettis, Parkville — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION RFD.2 Bx.132 — Length of stay in 1b 50 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Platte
c. CITY OR TOWN Parkville 0830 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS RFD.2 Box 132 (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Joseph. Middle None Last Grafton
4. DATE OF DEATH Month Nov. Day 7 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 29 1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming
10b. KIND OF BUSINESS OR INDUSTRY General.
11. BIRTHPLACE (City and state or country) Centralia Ill.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joseph Grafton.
14. MOTHER'S MAIDEN NAME Mary Wilton.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None.
17. INFORMANT Mrs Joseph Grafton Address RFD.2 Bx 132 Parkville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis — 20 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-24-55, to Nov 7, 1956 and last saw ~~her~~ him alive on Nov 6, 1956
Death occurred at 8:10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. C. Thurman MD
22b. ADDRESS 11 E 1st Parkville Mo
22c. DATE SIGNED 11-8-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 9-56
23c. NAME OF CEMETERY OR CREMATORY Platte City Mo
23d. LOCATION (City, town, or county) Platte City (State) Mo

24. FUNERAL DIRECTOR Leland H Francis ADDRESS Parkville Mo
25. DATE RECD. BY LOCAL REG. Nov. 8-56
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

257
0

NOV 1956
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 34

P. O. Address Parkvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.