

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1764

State File No.

No. 300
10-48

FILED JAN 21 1957

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

BIRTH NO. _____		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>5603</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GROVER TWP</u>		c. LENGTH OF STAY (in this place) <u>5 DAYS</u>		c. CITY OR TOWN <u>CONCORDIA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 1/2 MI. S. CONCORDIA MO</u>				f. STREET ADDRESS (If rural, give location) <u>802 ORANGE ST</u>			
3. NAME OF DECEASED a. (First) <u>ROSA</u> b. (Middle) <u>WILHELMINE</u> c. (Last) <u>GRAF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 15 1957</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN 27. 1879</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTING HOUSEWIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CONCORDIA, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY D. MEYER</u>			13b. MOTHER'S MAIDEN NAME <u>CHRISTINA FALKER</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY GRAF DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LORENZ KITCHHOFF</u> ADDRESS <u>KNOXSTOWN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Abscesses Left Lung</u> DUE TO (c) <u>Cystic Degeneration Left Lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Eczema of Extremities</u>				INTERVAL BETWEEN ONSET AND 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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>1/26/57</u> , 19 <u>57</u> , to <u>1/15/57</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1/15/57</u> , 19 <u>57</u> , and that death occurred at <u>1035A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edmund Bisack M.D.</u> (Degree or title)				23b. ADDRESS <u>Concordia, Mo.</u>		23c. DATE SIGNED <u>1/16/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-18-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EMMA MO</u>	
DATE REC'D BY LOCAL REG. <u>1/17/57</u>		REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. L. Jones</u> ADDRESS <u>Concordia, Mo</u>			

JAN 23 1957

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.....
Signature of Student Embalmer

Signed E. S. James
Licensed Embalmer No. 2058

P. O. Address Concordia

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.