.S. No. 300
EV. 10-48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11933

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 165

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kirksville
c. LENGTH OF STAY (in this place) 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Nursing Home # L

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Scotland
c. CITY OR TOWN Memphis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0990 0

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Gragg

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1957

5. SEX m
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 12, 1897
9. AGE (In years last birthday) 60 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
11. BIRTHPLACE (City and State or Foreign Country) Knox County, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Chas. Gragg
13b. MOTHER'S MAIDEN NAME Henrietta Burck
14. NAME OF HUSBAND OR WIFE Cleo Gragg

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

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)	Medullary Failure	Sudden
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Thrombosis	Sudden
DUE TO (c)	Arteriosclerotic Heart Disease	unknown
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Cirrhosis of Liver	unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4200
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* 3-26-, 1957, *to* 4-29, 1957, *that I last saw the deceased alive on* 4-28-, 1957, *and that death occurred at* 10:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE George H. Scheurer, D.O. (Degree or title)
23b. ADDRESS Kirksville, Mo.
23c. DATE SIGNED 5-2-57

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE May 2, 1957
24c. NAME OF CEMETERY OR CREMATORY E. Pleasant Ridge
24d. LOCATION (City, town, or county) (State) Scotland Co., Mo.

DATE REC'D BY LOCAL REG. 5-4-1957
REGISTRAR'S SIGNATURE Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Memphis Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

4

535
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STATEMENT BY LICENSED EMBALMER

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

by me, or by ..... Myself ....., Student Embalmer No. ——

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed ..... Fred Guth .....

Licensed Embalmer No. 426-

P. O. Address ..... Memph

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