Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-014248
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Maryville — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 308 East Third — Length of stay in 1b: minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Nodaway
c. CITY OR TOWN: Maryville 0743 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 301 East Third — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JAMES Middle: ALMON Last: GRAGG

4. DATE OF DEATH Month: 4 Day: 23 Year: 59

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 4/5/74

9. AGE (In years last birthday): 85 — 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): Farmer-retired

10b. KIND OF BUSINESS OR INDUSTRY: Own account

11. BIRTHPLACE (City and state or country): Cottage Hill, Ky.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Rev. J. A. Gragg

13b. MOTHER'S MAIDEN NAME: Margaret Ann Kemper

14. NAME OF HUSBAND OR WIFE: Annie Sharp Gragg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-07-2903

17. INFORMANT Address: Clyde A. Gragg, Parnell, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Basilar Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9010
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Coronary occlusion 21

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Had coronary occlusion & fell from ladder

20c. TIME OF INJURY Hour: 8:30 a.m. p.m. Month, Day, Year: 4 23 1959

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home of Deceased

20f. CITY, TOWN, OR LOCATION: Maryville **COUNTY:** Nodaway **STATE:** Co., 074

21. I attended the deceased from _____, to 4/23/59 and last saw him alive on _____
Death occurred at 8:30 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. K. Byland M. D. 0

22b. ADDRESS: Maryville, Missouri

22c. DATE SIGNED: 4/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 4/26/59

23c. NAME OF CEMETERY OR CREMATORY: Braddyville

23d. LOCATION (City, town, or county) (State): Braddyville, Iowa

24. FUNERAL DIRECTOR Address: Price Funeral Home, Maryville, Mo.

25. DATE RECD. BY LOCAL REG.: 4 25 59

26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

29/0

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 W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville Mo

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.