URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-041549

STATE FILE NUMBER

FILED VS NOV 21 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 243

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington
Length of stay in 1b 5 da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Franklin
c. CITY OR TOWN Pacific
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 9 mi north.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First William Middle – Last Grauer
4. DATE OF DEATH Month Nov Day 14 Year 1960
5. SEX m
6. COLOR OR RACE w.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH June 23, 1879
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Pacific Mo. R.F.D.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Gustav Grauer
13b. MOTHER'S MAIDEN NAME Mary Rosenbaum
14. NAME OF HUSBAND OR WIFE —
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. none
17. INFORMANT Sophia Kreienkamp Address Pacific 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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 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)
Prostatitis + cystitis, acute
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PEREFORMED? 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 Nov. 9, 1960, to Nov. 14, 1960 and last saw him alive on Nov. 14, 1960
Death occurred at 6:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Ryan (Degree or title) MD
22b. ADDRESS Washington, Mo
22c. DATE SIGNED 11-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 11-16-60
23c. NAME OF CEMETERY OR CREMATORY Home.
23d. LOCATION (City, town, or county) Pacific (State) Mo.

24. FUNERAL DIRECTOR Mrs. John L. Thebes ADDRESS Pacific Mo.
25. DATE RECD. BY LOCAL REG. 11/16/60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Ralph Altman

Signature of Student Embalmer

Licensed Embalmer No. 480

P. O. Address Union

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