

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26774

State File No.
46

FILED AUG 29 1949

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Olive Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) <u>Grafenkamp</u> c. (Last) <u>Grimes</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Aug. 5, 1879</u>		9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Days <u>0</u> Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>					

13a. FATHER'S NAME <u>John Henry Grafenkamp</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Geers</u>		14. NAME OF HUSBAND OR WIFE <u>Rahl Grimes</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert GARRANT, 2019 Alice St. Louis</u>	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>3 yrs</u> <u>26 hr</u> <u>6 mo</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>Fayette Howard MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 8-1-, 1949, to 8-10, 1949, that I last saw the deceased alive on 8-10, 1949, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom</u>		23b. ADDRESS (Degree or title) <u>M.D.</u> <u>Fayette MO</u>		23c. DATE SIGNED <u>8-11-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin, MO</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 11, 1949</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell deputy</u>		404 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin A. Card Fayette MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **AUG 15**
District Health Officer No. 3,
District File Number _____
Date Filed 8-27-59

JAN 26 1951

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
Student Embalmer

Signed _____

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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 this body is not embalmed, fact should be so stated above.