

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 2674 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Snowhill</u>		c. LENGTH OF STAY (in this place) <u>12 yr</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Snowhill</u>		d. STREET ADDRESS (If rural, give location) <u>Road east of Troy Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>5 miles East of Troy Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>AUGUST</u> c. (Last) <u>GRAEFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3 1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 12 1938</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>August Graeff</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Graeff</u>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-01-6233</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Graeff Troy 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH  <u>1201</u>
18. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
19a. DATE OF OPERATION					
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from <u>Jan 10</u> , 19 <u>38</u> , to <u>Sept 3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 3</u> , 19 <u>49</u> , and that death occurred at <u>10</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>S. C. Neunlitt</u> (Degree or title) <u>11</u>			23b. ADDRESS <u>Troy Mo</u>		23c. DATE SIGNED <u>Sept 5 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>Sept 6 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Missouri</u>	
DATE REC'D BY LOCAL REG <u>9-6-49</u>	REGISTRAR'S SIGNATURE <u>S. C. Neunlitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Warren Mc Coy Troy Mo.</u>		

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

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OCT 13 1949

RECEIVED SEP 13 1949  
District Health Officer No. 9,  
District File Number.....

SEP 19 1949

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.

Signed Wayne McCoy

Signed .....  
Student Embalmer

Licensed Embalmer No. 3586

P. O. Address Troy 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.