

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40604**

FILED DEC 21 1949

Registrar's No. **268**

BIRTH NO. _____ REG. DIST. NO. **97** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission). a. STATE Missouri b. COUNTY Drage	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Mtata, Mo.	
c. LENGTH OF STAY (In this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 1627 W. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) GRAFE	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan 17, 1874	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR 10	11. UNDER 1 HRS. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) St Thomas Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Balthasar Rendon	13b. MOTHER'S MAIDEN NAME Margaret Rotz	14. NAME OF HUSBAND OR WIFE August S. Grafe
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hubert F. J. No.	18. ADDRESS J. C. No.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		INTERVAL BETWEEN ONSET AND DEATH 151X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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 none	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 19 49** to **Dec 9 49** that I last saw the deceased alive on **Dec 9 49**, and that death occurred at **7:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lucille D. Lambrecht M.D.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 12/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 12 1949	24c. NAME OF CEMETERY OR CREMATORY Mtata	24d. LOCATION (City, town, or county) (State) Mtata Mo
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DATE REC'D BY LOCAL REG. Dec 12 1949	REGISTRAR'S SIGNATURE R.P. Davis MD-MO	25. FUNERAL DIRECTOR'S SIGNATURE Hubert F. J. No	ADDRESS J. C. No
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 20 1919
District Health Officer No. 9,
District File Number.

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

Sylvester D. Miller

Licensed Embalmer No. 4321

P. O. Address *Jefferson City, 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.