

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41467

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 567

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1009 W. 6th	
3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Graff c. (Last) Graff			4. DATE OF DEATH (Month) (Day) (Year) Dec 31, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 28, 1880
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months 2	IF UNDER 11 HRS. Days 3 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) San Antonio, Texas
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Betty Graff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Betty Graff		ADDRESS 1009 W. 6th Joplin Mo.	
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia</p> <p>INTERVAL BETWEEN ONSET AND DEATH 6 days</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) cerebral hemorrhage 2 mo</p> <p>DUE TO (c) arteriosclerosis years</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis year</p>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) 33rd (STATE)	
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		22. I hereby certify that I attended the deceased from Oct 24, 1949, to 12-31-, 1949, that I last saw the deceased alive on 12-30-, 1949, and that death occurred at 12:03pm., from the causes and on the date stated above.	
23a. SIGNATURE R.A. Mahoney, M.D.		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 12/31/49		23d. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery	
23e. LOCATION (City, town, or county) (State) Kansas City Kans.		23f. DATE REC'D BY LOCAL REG. 12-31-49	
23g. REGISTRAR'S SIGNATURE Ed. S. James		23h. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary Joplin Mo.	
23i. ADDRESS		23j. (Licensed Embalmer's Signature on Reverse Side)	

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

RECEIVED 1-9-50
Jasper County Health Office

County File Number 49-12-1015

Date Filed 1-11-50

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.