.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15680

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Warren Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrenton
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Katie JANE MEMORIAL HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wright City
d. STREET ADDRESS (If rural, give location): Rural

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3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle):
c. (Last): Graf

4. DATE OF DEATH (Month) (Day) (Year): April 5 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months ~~10~~ Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wright City Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Henry Hagemeier
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Robert F. Graf

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Ralph Graf — ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral embolism recurrent	2 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic myocarditis	unknown
DUE TO (c)	Pneumonia bilateral	3 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*	hypostatic	4 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1950, *to* April 5, 1950, *that I last saw the deceased alive on* April 4, 1950, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] O
23b. ADDRESS: Warrenton Mo.
23c. DATE SIGNED: April 5-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8-50
24c. NAME OF CEMETERY OR CREMATORY: Wright City Cemetery
24d. LOCATION (City, town, or county) (State): Wright City Mo.

DATE REC'D BY LOCAL REG.: 3-5-50
REGISTRAR'S SIGNATURE: Floyd Logan #21
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg F & U Co. — ADDRESS: Wright City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 20 1950
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 Julius J. Nieburg

Licensed Embalmer No. 3366

P. O. Address Wright City N.

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.