

FILED JUL 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20211

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2596 2896

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Urich	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) X	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) LEE c. (Last) GRAEF		4. DATE OF DEATH (Month) (Day) (Year) June 11 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 16, 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith	11. BIRTHPLACE (State or foreign country) Henry County, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY X	12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME William Graef	13b. MOTHER'S MAIDEN NAME Mary C. Henry	14. NAME OF HUSBAND OR WIFE Inez Graef
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 ADDRESS Mrs. Inez Graef, Urich, Missouri

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		INTERVAL BETWEEN ONSET AND DEATH 42-01
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac dilatation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombo-embolism of lower extremities, kidney and intestines DUE TO (c) myocardial infarction + Coronary Arteriosclerosis		
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	20. AUTOPSY? YES <input checked="" 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) (STATE)
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 **Practitioner**, 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at **6:35 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill (Degree or title) M.D.	23b. ADDRESS 3001 Wyandotte St. KC 8, Mo	23c. DATE SIGNED 11 June 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Urich Cemetery	24d. LOCATION (City, town, or county) (State) Urich, Missouri
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DATE REC'D BY LOCAL REG. 6-11-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brown Funeral Home, Urich, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chas E. Wicks

Signed.....
Student Embalmer

Licensed Embalmer No. *2644*

P. O. Address *KC. 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.