

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24482**BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6074** Registrar's No. **257**

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCOIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. FRANCOIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LEADWOOD</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>DESLOGE</b>	
c. LENGTH OF STAY (In this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>501 SOUTH JACKSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LEADWOOD</b>			

3. NAME OF DECEASED (Type or Print)		a. (First) <b>EMIL</b>		b. (Middle) <b>HERMAN</b>		c. (Last) <b>GRAMM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 25, 1950</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOV. 30, 1899</b>		9. AGE (In years last birthday) Months Days IF UNDER 24 HRS. Hours Min. <b>50 7 25</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>LEAD MINING</b>			11. BIRTHPLACE (State or foreign country) <b>SOUTH DAKOTA</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>MARTIN GRAMM</b>		13b. MOTHER'S MAIDEN NAME <b>CHRISTINA NAGEL</b>		14. NAME OF HUSBAND OR WIFE <b>COZA LEE GRAMM</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-03-9727</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. VIRGINIA MOSSMAN FARMINGTON, MO.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart Coronis Jug. Deceased came</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>to his death by an unavoidable</b>				<b>99153</b> <b>4</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>mine accident.</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Crushed chest and internal</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>hemorrhage 194</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>lead mine</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Leadwood St. Francois Mo.</b>			

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 25 1950 12:30 am</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>accidentally struck by electric shovel</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							

23a. SIGNATURE (Degree or title) <b>Health Officer Acting Coroner 3</b>		23b. ADDRESS <b>Farmington Mo</b>		23c. DATE SIGNED <b>7/25/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 25, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PARLVIEW CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>FARMINGTON, MO.</b>	

DATE REC'D BY LOCAL REG. <b>July 27, 1950</b>		REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Best &amp; Boyer Leadwood Mo</b>	
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**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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.