

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11604**

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>431</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>DeKalb</u> | | <u>0110</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Mo. Meth. Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HUGH</u> | | b. (Middle) <u>KENT</u> | | c. (Last) <u>GRAGG</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>17</u> <u>1951</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>4-29-1890</u> | |
| 9. AGE (in years last birthday) <u>60</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own business</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mt. Ayr, Iowa</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Jobe Gragg</u> | | 13b. MOTHER'S MAIDEN NAME <u>Esther Snodgrass</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lavena Gragg</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>500-07-6319</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lavena Gragg, DeKalb, Missouri</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Terminal</u> Event | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Esophageal Diverticulum with rupture into pericardium with pericarditis</u> DUE TO (c) <u>and Pneumopericardium</u> | | | | <u>3 1/2 weeks</u> | |
| 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 <u>5391</u> | |
| 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) (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 from <u>Mar. 30, 1951</u> , to <u>Apr. 17, 1951</u> , that I last saw the deceased alive on <u>Apr. 16, 1951</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert T. King, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Tootle Building, St. Joseph, Missouri</u> | | 23c. DATE SIGNED <u>4-20-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-20-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>April 21, 1951</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Cesterlo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Blue Grupp</u> | | ADDRESS <u>St. Joseph, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

John E. Rupp
.....
Licensed Embalmer No. *3986*

Signed.....
Student Embalmer

P. O. Address *St. Joseph, 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.