

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26507

State File No. ....

FILED SEP 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) <u>Rural Gladden Twp</u>	
c. LENGTH OF STAY (in this place) <u>6 hrs</u>		d. STREET ADDRESS (If rural: give location) <u>Near Gladden, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Edward</u>	b. (Middle) <u>K</u>	c. (Last) <u>Grauf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8/29/51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6/3/26</u>	9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Days) (Hours) (Min.) <u>25</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sewer Line</u>	11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>August Grauf</u>	13b. MOTHER'S MAIDEN NAME <u>Manda Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Shirley Grauf</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW II</u>	16. SOCIAL SECURITY NO. <u>no record</u>	17. INFORMANT'S SIGNATURE OR NAME <u>August Grauf, Salem, Missouri</u>	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation and Shock</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>By Accidental means from cave in of dirt in sewer ditch</u> DUE TO (c) _____ 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>183</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salem Dent Missouri</u>
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21d. TIME OF INJURY <u>8/29/51 11:00a.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Cave in from wall of sewer ditch</u>
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22. I hereby certify that I attended the deceased from Did not see alive, 1951, that I last saw the deceased alive on 11:05a., 1951, and that death occurred at 11:05a., from the causes and on the date stated above.

23. SIGNATURE <u>Carl K. Spencer</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Salem, Missouri</u>	23c. DATE SIGNED <u>8/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plattsmouth</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsmouth, Nebraska</u>
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DATE REC'D BY LOCAL REG. <u>8-28-51</u>	REGISTRAR'S SIGNATURE <u>M.M. Hart</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u>	ADDRESS <u>Salem, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

SEP 22 1951

1951 23 1058

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.