

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38467

State File No.

FILED DEC 13 1951

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Renick</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitaker Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>E</u>	c. (Last) <u>Grauson</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Dec 2nd 1951</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14 1875</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>76</u> <u>8</u> <u>18</u>
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME <u>Thomas J. Grauson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Blackburn</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <u>4500</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Frank Norfolk</u>	ADDRESS <u>Moberly Mo</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>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, 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)		
	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>4500</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) (Min.)	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 Dec 10, 1950, to Dec 2, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 10:10 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. T. Whitaker</u> (Degree or title)	23b. ADDRESS <u>200 S. Fifth, Moberly Mo</u>	23c. DATE SIGNED <u>10-3-51</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 4 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roanoke Mo</u>	24d. LOCATION (City, town, or county) (State)
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Dec 4-51</u>	REGISTRAR'S SIGNATURE <u>Frank Bellard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahawend</u>	ADDRESS <u>Moberly Mo</u>
--	--	--	---------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

883
0

Date Received: DEC 10 1957
DISTRICT HEALTH OFFICE #2
District File Number 12-51-22
Date Filed: DEC 11 1957

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.