No. 300
10.48

FILED JAN 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

152

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 305 N. Lyons

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler 0071
d. STREET ADDRESS (If rural, give location) 305 N. Lyons

3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) P. c. (Last) Gragg

4. DATE OF DEATH (Month) (Day) (Year) 1-14-53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-9-1862
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 0 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Henry Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Crow Gragg
13b. MOTHER'S MAIDEN NAME Amanda Cook
14. NAME OF HUSBAND OR WIFE Florence M Gragg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Florence Gragg ADDRESS Butler, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1950, *to* 1-14, 1953, *that I last saw the deceased alive on* 1-14, 1953, *and that death occurred at* 11a *m., from the causes and on the date stated above.*

23a. SIGNATURE A L Hansen (Degree or title) MD
23b. ADDRESS 225 N Main Butler Mo
23c. DATE SIGNED 1-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-16-53
24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery
24d. LOCATION (City, town, or county) (State) Butler, Mo.

DATE REC'D BY LOCAL REG. Jan 16-53
REGISTRAR'S SIGNATURE Kendall Kenny
25. FUNERAL DIRECTOR'S SIGNATURE Culver-Underwood ADDRESS Butler Mo

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Robert G. Steinbeck

Licensed Embalmer No. 4667

P. O. Address Butler, 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.