

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28062

State File No. ....

FILED SEP 1 - 1953

BIRTH NO. ....		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (In this place) <u>35 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS</u>		d. STREET ADDRESS (If rural, give location) <u>602 DUNBAR AVE. 0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 DUNBAR AVE.</u>				d. STREET ADDRESS (If rural, give location) <u>602 DUNBAR AVE. 0</u>					
3. NAME OF DECEASED (Type or Print) <u>GERTRUDE LOUISE GRAFF</u>			a. (First) <u>GERTRUDE</u>			b. (Middle) <u>LOUISE</u>			
c. (Last) <u>GRAFF</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13, 1953</u>						
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>APR. 19, 1873</u>			
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>BERLIN, GERMANY</u>			
11. BIRTHPLACE (State or foreign country) <u>BERLIN, GERMANY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>AUGUST SIROTZKY</u>		13b. MOTHER'S MAIDEN NAME <u>FREDERICA</u>			
13a. FATHER'S NAME <u>AUGUST SIROTZKY</u>		13b. MOTHER'S MAIDEN NAME <u>FREDERICA</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN GRAFF</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN GRAFF, 603 N. KIMBALL, EXCELSIOR SPRINGS Mo.</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>6-27</u> , 19 <u>49</u> , to <u>8-13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-13</u> , 19 <u>53</u> , and that death occurred at <u>1:45 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Deane E. Sander M.D.</u>				23b. ADDRESS <u>Excelsior Springs Mo.</u>		23c. DATE SIGNED <u>8-14-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8/23/53</u>		REGISTRAR'S SIGNATURE <u>Barline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Richard</u>		ADDRESS <u>Excelsior Springs Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 26 1954

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 Lindell K Jarman

Licensed Embalmer No. 4589

P. O. Address Euclid Springs, Va

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.