

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1698

State File No.

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>9 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		0490 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) _____ c. (Last) <u>De Graff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-54</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>5-3-12</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elders Manuf. Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Galena Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>Lura De Graff</u>		14. NAME OF HUSBAND OR WIFE _____		
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. _____	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Lura De Graff Carl Junction 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>Acute right sided heart failure</u> ANTECEDENT CAUSES DUE TO (b) <u>decompensating heart</u> DUE TO (c) <u>Asthma</u> II. OTHER SIGNIFICANT CONDITIONS <u>obesity, endocrine disorder</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>3 years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>241X</u>			
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 <u>January</u> , 19 <u>50</u> , to <u>1-5-54</u> , 19 _____, that I last saw the deceased alive on <u>1-5-54</u> , 19 _____, and that death occurred at <u>9:20P</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>J.P. Morgan</u>			23b. ADDRESS <u>3014 Main Street</u>		23c. DATE SIGNED <u>1-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/8/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1-14-54</u>		REGISTRAR'S SIGNATURE <u>Red S. James 138</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Blair Roney - Carl Jct, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 18 1954
Jasper County Health Office
County File Number 54-1-38
Date Filed JAN 18 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 Harvey E. Amie

Licensed Embalmer No. 463

P. O. Address WEP City, 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.