

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

2400

State File No. _____

No. 300
10.48

FILED FEB 2 1954

REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 25

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|---|-------------------------------|---|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>294</u> | | PRIMARY REG. DIST. NO. <u>3056</u> | | Registrar's No. <u>25</u> | |
| 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>Marion</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u> | | c. LENGTH OF STAY (on this place) <u>9 Mos. 2 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> | | <u>0644</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Employes' Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1239 Church Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) _____ c. (Last) <u>GRAMLICH</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 27, 1954</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6/8/1882</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u> | IF UNDER 24 HRS. Hours <u>19</u> Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13a. FATHER'S NAME <u>Unknown</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lillian</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>NO</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>?</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillian Gramlich, Hannibal, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure, compensated</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, chronic</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 day</u> <u>Years</u> <u>Years</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u> | | 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? <u>No history of injury</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>July 25, 1953, to Jan. 27, 1954</u> , that I last saw the deceased alive on <u>Jan. 27, 1954</u> and that death occurred at <u>8:06A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>D. W. Anderson M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>415 Woodland Avenue Moberly, Missouri</u> | | 23c. DATE SIGNED <u>1/27/54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>1-27th, 54</u> | | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) <u>Hannibal, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-27-54</u> | | REGISTRAR'S SIGNATURE <u>R. Adrelians</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son</u> | | ADDRESS <u>Moberly, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 24 1952

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 D. Witt

Licensed Embalmer No. 3021

P. O. Address Moherly, 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.