No. 300
10.48

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14863

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 5102 Registrar's No. 27

0080
1

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

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fristoe
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): _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fristoe 0080
d. STREET ADDRESS (If rural, give location): _____ 0

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): Gragg
c. (Last): FAHNESTOCK

4. DATE OF DEATH (Month) (Day) (Year): MAY 28, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 10, 1863
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 6, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Henry Co, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

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

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

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs
DUE TO (c):

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
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* May 23, 1954, *to* May 28, 1954, *that I last saw the deceased alive on* May 27, 1954, *and that death occurred at* 5:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russ Sally DO
23b. ADDRESS: Warsaw, Mo
23c. DATE SIGNED: 5-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 30, 1954
24c. NAME OF CEMETERY OR CREMATORY: Fristoe Cemetery
24d. LOCATION (City, town, or county) (State): Fristoe Benton Co. Mo

DATE REC'D BY LOCAL REG.: 5/29/54
REGISTRAR'S SIGNATURE: Jas. A. Logan
23-
25. FUNERAL DIRECTOR'S SIGNATURE: John F Riser
ADDRESS: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

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 John F Risir

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.