

FILED JUN 2 1954

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

State File No. **17710**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</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) <u>Rural Washington Twp. Twp. 4 N.</u>		c. CITY OR TOWN <u>La Russell</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 year 4 mos.</u>		e. STREET ADDRESS (If rural, give location) <u>04791</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>William</u> c. (Last) <u>Graff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25-1954</u>		
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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>Oct 26-1897</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. IF ORDER IN HRS. <u>0</u>	13. IF ORDER IN MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Pierce City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Jacob Frederick Graff</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brinkman Hatto C. Graff</u>		14. NAME OF HUSBAND OR WIFE <u>E. C. Graff</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E. C. Graff, Butler, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Senility</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>334 X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5/24-1954, to 5/25-1954, that I last saw the deceased alive on 5/24-1954, and that death occurred at 3:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George M. Butler, M.D.</u>		23b. ADDRESS <u>State Hospital, Nevada, Mo.</u>		23c. DATE SIGNED <u>5/25/54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>5-28-54</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>5-29-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Perry</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ed. C. Ulmer Carthage, Mo.</u>	
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VS FEB 24 1967

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.....  
Signature of Student Embalmer

Signed.....  
*Ed. L. Thomas Jr.*

Licensed Embalmer No. 495

P. O. Address.....  
*Carthage*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.