

FILED JUN 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH22587
State File No.

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6228		Registrar's No. 134			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Kansas</u> b. COUNTY <u>MO</u> c. CITY (If outside corporate limits, write RURAL and give township.) <u>Stotesbury-Henry</u> d. TOWN <u>Stotesbury</u>					
b. CITY (If outside corporate limits, write RURAL and give township.) <u>Stotesbury-Henry</u>				c. LENGTH OF STAY (in this place) <u>81 yrs</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location) <u>P. O. Box 1080</u>					
3. NAME OF DECEASED (Type or Print) <u>Annie</u>			a. (First)		b. (Middle)		c. (Last) <u>Graen</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 1956</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>Mar. 12, 1875</u>			9. AGE (in years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 10 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>homemaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>homemaker</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Deerfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John G. Linn</u>			13b. MOTHER'S MAIDEN NAME <u>Etta B. Gray</u>			14. NAME OF HUSBAND OR WIFE <u>Eldon P. Graen</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>Frances E. Brown - Tulsa, Oklahoma</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>4201</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)		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>Apr. 1956</u> to <u>June 16, 1956</u> that I last saw the deceased alive on <u>June 12, 1956</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. H. Allison</u>				23b. ADDRESS <u>Stotesbury, Mo.</u>		23c. DATE SIGNED <u>June 18 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jun. 19, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Liberty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stotesbury, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6-20-56</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Earl Konantz</u>		ADDRESS <u>Ft. Scott, Ks.</u>			

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

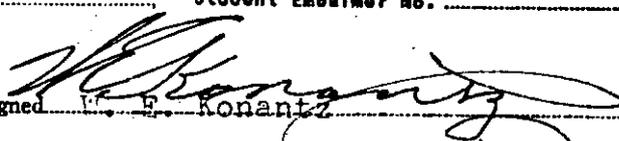
1981 2 NRP

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  _____
W. E. Konantz

Licensed Embalmer No. 2080

P. O. Address Box 283, Ft. Scott, Ks.

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.