

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1956

State File No. 31176

BIRTH NO. _____		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFF.			
b. CITY (If outside corporate limits, write RURAL and give town or township) HILLSBORO		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN DESOTO		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME				e. STREET ADDRESS (If rural, give location) 602 East Main street			
3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) _____ c. (Last) GRAHAM			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17, 1956				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 10, 1867		9. AGE (In years last birthday) 89	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY OWN HOUSEWORK		11. BIRTHPLACE (City and State or Foreign Country) UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES DOUGLAS DE SOTO, R#3, MO.			
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) <u>Arteriosclerotic Heart Disease</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. INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</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) _____		21d. HOW DID INJURY OCCUR? _____	
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>Mon 1, 1956</u> , to <u>Sept 17, 1956</u> , that I last saw the deceased alive on <u>Sept 16, 1956</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John W. Drake M.D.</u>				23b. ADDRESS <u>3606 Gravois St. Louis Mo</u>		23c. DATE SIGNED <u>9-21-56</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) _____		24b. DATE <u>SEPT. 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PRIIROSE</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE, MO. R#1</u>		
DATE REC'D BY LOCAL REG. <u>9-26-56</u>		REGISTRAR'S SIGNATURE <u>Oliver R. Buehler M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Georgetown R. Polite Creptal City, Mo.</u>			

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP 29 1966

DATE RECEIVED

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 *Paul R. Galt*.....

Licensed Embalmer No. *348*.....

P. O. Address *Crystal*.....

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.