

FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34001
STATE FILE NUMBER
4301

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 | | Length of stay in lb 55 years, 51⁸ | |
| 3. NAME OF DECEASED (Type or print) First Ferdinand Middle Last Graf | | 4. DATE OF DEATH Month 10 Day 1 Year 1956 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec 7 1957 |
| 9. AGE (In years last birthday) 68 | | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banker | | 10b. KIND OF BUSINESS OR INDUSTRY Guard | |
| 11. BIRTHPLACE (City and state or country) Autuma Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Unknown | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. 493-12-2555 | |
| 17. INFORMANT Margaret Graf | | Address 3800 Walnut | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple pulmonary thrombi bilateral with pulmonary infarctions | | | |
| DUE TO (c) Arteriosclerotic heart disease - decompensation | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month Day Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from Sept. 28, 1956 to Oct. 1, 1956 and last saw ASOX alive on Oct. 1, 1956 him Death occurred at 12:05 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE B. I. Burns, M.D. | | 22b. ADDRESS 24th & Cherry | |
| 22c. DATE SIGNED 10-2-56 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Oct 4 1956 | |
| 23c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City Mo | |
| 24. FUNERAL DIRECTOR Passantrio Bros | | ADDRESS 12 C MO | |
| 25. DATE RECD. BY LOCAL REG. 10-3-56 | | 26. REGISTRAR'S SIGNATURE Mona Marshall | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Seamus C. Parantoni*.....

Licensed Embalmer No. *45*.....

P. O. Address *KLM*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.