

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH15435 42258
STATE FILE NUMBER

Registration District No. 246 756 Primary Registration District No. 2001 Registrar's No. 549

1. PLACE OF DEATH a. COUNTY NEWTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAGINAW		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SAGINAW		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAGINAW		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) SAGINAW, MO.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) THOMAS JEFFERSON DEGRAFF			4. DATE OF DEATH Month DEC. Day 5, Year 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 7, 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED- DETECTIVE		10b. KIND OF BUSINESS OR INDUSTRY JOPLIN POLICE DEPT.		11. BIRTHPLACE (City and state or country) BELLVILLE, MO.	
13. FATHER'S NAME CHARLES DEGRAFF			14. MOTHER'S MAIDEN NAME MARY E. KIDDES		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS. VADA DEGRAFF, SAGINAW, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Disease					INTERVAL BETWEEN ONSET AND DEATH 11 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) probable TB					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Jan 30 to Oct 30 (and last saw her/him alive on Oct 30). Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) A. H. Crawford M.D.			22b. ADDRESS Joplin Mo		22c. DATE SIGNED 12/7/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-7-56		23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK	
				23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG 12-17-1956		26. REGISTRAR'S SIGNATURE Dove Merriman

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED

District Health Officer No. Newton
District File No. 1256-215
Date Filed APR 25 1956

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 F. M. Jones.....
Licensed Embalmer No. 23

P. O. Address Gap Lin

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.