

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45013

State File No.

FILED APR 30 1957

BIRTH NO.		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Bethany</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Well Light</u>				e. STREET ADDRESS (If rural, give location) <u>04110</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>			b. (Middle) <u>Revetta</u>		c. (Last) <u>DeGraw</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 21, 1956.</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 20, 1897</u>		9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 18 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>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Mercer County, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Sanford Eli Ader</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Redenbaugh</u>		14. NAME OF HUSBAND OR WIFE <u>J. C. DeGraw</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. C. DeGraw Bethany, Missouri.</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>CARCINOMA OF THE UTERINE CERVIX</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ X DUE TO (c) _____ X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 YEARS.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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) (Min.)		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>6-16</u> , 19 <u>56</u> , to <u>12-21</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>56</u> , and that death occurred at <u>7:15 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albert Dribbe</u> M. D.			23b. ADDRESS <u>Bethany, Missouri.</u>		23c. DATE SIGNED <u>12-22-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 23 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cainsville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-22-57</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Cainsville, Mo.</u>	

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

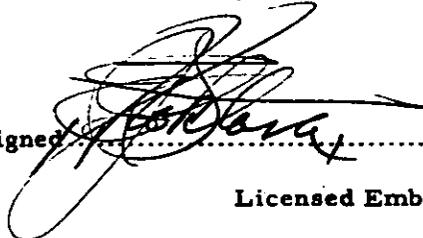
0411

1160

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, *dy by* Eddie J. Stoklasa Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 360

P. O. Address Cainsville, Mo

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.