

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4139

State File No. ....

FILED FEB 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 20

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cooper</b>  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Boonville</b> ) OR TOWN <b>Boonville</b> c. LENGTH OF STAY (in this place) <b>4 Days</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>  c. CITY OR TOWN <b>Boonville</b> 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 <b>St. Joseph Hospital</b>		STREET ADDRESS (If rural, give location) <b>R.F.D. # 2</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Anna</b> b. (Middle) <b>Pettigrew</b> c. (Last) <b>Graff</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>February 7 1957</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>February 13 1867</b>
<b>9. AGE</b> (In years last birthday) <b>89</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Moniteau County, Missouri.</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
<b>13a. FATHER'S NAME</b> <b>Wm. Pettigrew</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Bettie Crum</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Fletcher L. Graff</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> -----		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Miss Betty Graff, Boonville, Mo.</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>myocarditis</b>	
<b>19a. DATE OF OPERATION</b> <b>none</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	
<b>21e. INJURY OCCURRED WHILE AT WORK?</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>2-2-</u>, 19<u>57</u>, to <u>2-7-</u>, 19<u>57</u>, that I last saw the deceased alive on <u>2-7-</u>, 19<u>57</u>, and that death occurred at <u>10:00 P.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>J.C. Beckett, MD</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Boonville Mo</b>	
<b>23c. DATE SIGNED</b> <b>2-8-57</b>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	
<b>24b. DATE</b> <b>Feb. 9 1957</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Walnut Grove</b>	
<b>24d. LOCATION (City, town, or county) (State)</b> <b>Boonville, Missouri.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Goodman &amp; Boller, Boonville, Missouri.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>3/9/57</b>		<b>REGISTRAR'S SIGNATURE</b> <b>D. Hooper</b>	

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..... *Wm Wood* .....

Licensed Embalmer No. **4539**.....

P. O. Address **Boonville, Miss**.....

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.