

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8216**

FILED APR 5 - 1957

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gasconade	
b. CITY (If outside corporate limits, write RURAL and give township) Roark Township		c. CITY OR TOWN Hermann, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Frene Valley Home 4		0371	
3. NAME OF DECEASED (Type or Print) a. (First) Henry F. b. (Middle) Dickgrafa c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 25 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar. 1, 1878
9. AGE (In years last birthday) 79	10. UNDER 1 YEAR Months 0 Days 24	11. BIRTHPLACE (City and State or Foreign Country) Mo. Pacific Railroad, New Wolloom, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section hand	10b. KIND OF BUSINESS OR INDUSTRY	14. NAME OF HUSBAND OR WIFE Martha Dickgrafa	
13a. FATHER'S NAME Frederick Dickgrafa	13b. MOTHER'S MAIDEN NAME Johanna Borlish	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Leibach	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	ADDRESS	
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 INTERVAL BETWEEN ONSET AND DEATH 1 MIN	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY ARTERY OCCLUSION		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE 15 YRS	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)	4200
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>1953</u> , to <u>3-25, 1957</u> , that I last saw the deceased alive on <u>3-21, 1957</u> , and that death occurred at <u>4:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George M. Workman M.D.		23b. ADDRESS HERMANN, MO	23c. DATE SIGNED 3/26/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 28, 1957	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Hermann, Mo.
DATE REC'D BY LOCAL REG. 3/28/57	REGISTRAR'S SIGNATURE Delma Gecken	25. FUNERAL DIRECTOR'S SIGNATURE Edna Ruediger Hermann Mo. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ernest Ruediger*

Licensed Embalmer No. 2044.

P. O. Address...Hermann, ..

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.