

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28558**

**FILED SEP 4 1957**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **78**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>JEFFERSON</b>	b. CITY OR TOWN <b>CEDAR HILL MO</b>	a. STATE <b>MO.</b>	b. COUNTY <b>JEFF.</b>
c. LENGTH OF STAY (in this place) <b>3 yrs</b>		c. CITY OR TOWN <b>CEDAR HILL MO.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/4 MI. W. OF CEDAR HILL HILL HILL QUARRY</b>		e. STREET ADDRESS (If rural, give location) <b>MERRAMEC TOWNSHIP</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)		a. (First) <b>HARRY</b>	b. (Middle) <b>O.</b>	c. (Last) <b>HOGRAFE</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>AUG 23 57</b>		
<b>5. SEX</b> <b>M.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>MARRIED</b>		<b>8. DATE OF BIRTH</b> <b>AUG 13-1933</b>	<b>9. AGE</b> (In years last birthday) <b>24</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>MACHINIST</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Toal Mfg.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>GERMAN MO</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA.</b>	

<b>13a. FATHER'S NAME</b> <b>ARTHUR HOGRAFE</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>LYDIA REDHAGE</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>PATRICIA HOGRAFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>494 54-3836</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>PATRICIA HOGRAFE Hillsboro Mo RA2</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, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Multiple fractures of face &amp; skull</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>8350</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>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>33</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SOURCE</b> (Specify) <b>NONFIDE Accident.</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Quarry</b>	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>MERRAMEC Twp. Jeff. Mo.</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>5</b>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>Industrial truck Accident.</b>

**22. I hereby certify that I attended the deceased from Inquest, 19\_\_ to \_\_, 19\_\_, that I last saw the deceased alive on \_\_, 19\_\_, and that death occurred at 10:55 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>James C. Palmer M.D. Coon.</b>		<b>23b. ADDRESS</b> <b>Paster, Mo.</b>		<b>23c. DATE SIGNED</b> <b>8/23/57</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>	<b>24b. DATE</b> <b>AUG 26 57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>ST MARTIN'S Cem.</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Dittmer Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>8-25-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Robert E. Bauer</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Bammer Funeral Home</b>	<b>ADDRESS</b> <b>House Springs Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

548

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 3 1957

SEP 3

4 1957

SEP 27 1957

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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.....

Licensed Embalmer No. 4596

P. O. Address Floussant

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.