

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-013520  
 State File No.

FILED APR 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 33

0171

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

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u>			c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Carrollton</u>		d. 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 <u>301 South Folger Street</u>				e. STREET ADDRESS (If rural, give location) <u>301 South Folger Street.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Otto</u>		b. (Middle)		c. (Last) <u>Graebner</u>	
4. DATE OF DEATH		(Month) <u>4-</u>		(Day) <u>10-</u>		(Year) <u>58</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept 26, 1891</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Luthern Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>August Graebner</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Schaller</u>			14. NAME OF HUSBAND OR WIFE <u>Evelyn Hill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-40-5748</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otto Graebner</u> ADDRESS <u>Carrollton Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS						INTERVAL BETWEEN ONSET AND DEATH	
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) <u>4201</u> (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>9:55</u> to <u>10:58</u> AM, 19 <u>58</u> , that I last saw the deceased alive on <u>9 Apr</u> , 19 <u>58</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edw Allen</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Carrollton Mo.</u>		23c. DATE SIGNED <u>17 Apr 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carroll Memorial Garden</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/13/58</u>		REGISTRAR'S SIGNATURE <u>Marshall F. Home</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall F. Home</u> ADDRESS <u>Carrollton Mo.</u>			

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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 *R. M. Marshall*.....

Licensed Embalmer No. *2529*.....

P. O. Address *Carrollton*.....

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.