

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033305
STATE FILE NUMBER

FILED SEP 22 1958 Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.		c. CITY OR TOWN Crystal City, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 801 Taylor	
3. NAME OF DECEASED (Type or print) First Herman Middle L. Last GRAFF		4. DATE OF DEATH Month Sept. Day 10, Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1894
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) watchman	11. BIRTHPLACE (City and state or country) Perry County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) watchman		10b. KIND OF BUSINESS OR INDUSTRY Plate Glass Factory	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Pete Graff		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Cassie Marie Cambron
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-03-4820	17. INFORMANT Address Mrs. Cassie Marie Graff Crystal City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis DUE TO (b) cardiovascular disease 4201 DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) hypertension (hypertrophy, benign)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Aug 5, 58 to Sept 10, 58 and last saw her alive on Sept 10, 58 Death occurred at 7:45 P.M. m of the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE Dorothy D. G. G. G. (Degree or title)		22b. ADDRESS Festus, Mo	22c. DATE SIGNED 9/12/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Catholic	23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Festus, Mo.		25. DATE RECD. BY LOCAL REG 9-13-58	26. REGISTRAR'S SIGNATURE J. W. G. G.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 24 1958

SEP 24 1958

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 16 1958

OCT 27 1958

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 *Donald H. Wingard*

Licensed Embalmer No. *4608*
P. O. Address *Flora, 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.