

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035727
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 483

S. 300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Randol | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Cape Girardeau 0160 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | Length of stay in lb 1 yr. | d. STREET ROUTE (If outside, give location) ADDRESS on Arthur Krueger farm Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Fred J. Graden | | | 4. DATE OF DEATH Month Day Year October 1, 1958 |
| 5. SEX Male <input checked="" type="radio"/> | 6. COLOR OR RACE White <input checked="" type="radio"/> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 9, 1881 |
| 9. AGE (In years last birthday) 77 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian of church | | 10b. KIND OF BUSINESS OR INDUSTRY church | 11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. 0 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME Frederick Graden | |
| 13b. MOTHER'S MAIDEN NAME Apollonia Stoll | | 14. NAME OF HUSBAND OR WIFE Lena Graden, Deceased | |
| 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. None | 17. INFORMANT Mrs. Arthur Krueger, Cape Girardeau 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) <i>Cardiac failure (asystole)</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>Senility</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 4200 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 <i>Feb 1956</i> and last saw her alive on <i>1956</i> Death occurred at <i>@ 4:30 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22. SIGNATURE <i>John Leone MD</i> (Degree or title) | | 22c. DATE SIGNED <i>Oct 3, 1958</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i> | | 23b. DATE <i>Oct. 4, 1958</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Salem Cemetery</i> |
| 23d. LOCATION (City, town, or county) <i>Five miles west of Cape</i> | | 23e. STATE <i>Mo</i> | |
| 24. FUNERAL DIRECTOR <i>T. L. Haman</i> | | ADDRESS <i>Cape Girardeau, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>Oct. 11, 1958</i> |
| 26. REGISTRAR'S SIGNATURE <i>Mrs. Homer Cooper</i> | | | |

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 *H. N. Kaman*

Licensed Embalmer No. *2863*
P. O. Address *Cape Girardeau*

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.