URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 21 1959

59-037089
STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 116

AMENDED

1. PLACE OF DEATH
a. COUNTY Perry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville
Length of stay in 1b: 2 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry Co Mem. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Perry
c. CITY OR TOWN Lithium
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) St. Marys, Rte. 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Sophia Middle Y Last Graff
4. DATE OF DEATH: Month Sept. Day 29 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-24-1900
9. AGE (last birthday): 59
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry A.C. Lorenz
13b. MOTHER'S MAIDEN NAME: Abbie E. Radcliff
14. NAME OF HUSBAND OR WIFE: Harold A. Graff
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Harold A. Graff, Address: St. Marys, Mo. Rte 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma- right breast — INTERVAL BETWEEN ONSET AND DEATH: 5 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 5-1-54, to 9-29-59 and last saw ~~him~~ her alive on 9-29-59
Death occurred at 4:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. L. Fairchild (Degree or title) MD
22b. ADDRESS Perryville, Mo.
22c. DATE SIGNED 9-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-1-59
23c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
23d. LOCATION (City, town, or county) (State): Perryville Missouri

24. FUNERAL DIRECTOR: Young & Son ADDRESS: Perryville Mo.
25. DATE RECD. BY LOCAL REG.: 10-2-59
26. REGISTRAR'S SIGNATURE: Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 26 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wallace Young

Signature of Student Embalmer

Licensed Embalmer No. 4027

P. O. Address Perryvil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.