

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005203

FILED VS MAR 7 1960-042

1000

266

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
a. COUNTY		BUCHANAN		a. STATE		MISSOURI COUNTY ANDREW			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		ST. JOSEPH		c. CITY OR TOWN		SAVANNAH			
Length of stay in 1b		12 days		Inside Limits		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			MISSOURI METHODIST	d. STREET ADDRESS (If outside, give location)		201 West Chestnut			
Inside Limits			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				First		Middle			
ERNEST EDWARD GRAFF				Last		4. DATE OF DEATH			
				February 27, 1960		Month Day Year			
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH			
male		white				1-20-86			
9. AGE (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR					
74		Months Days		Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
retired farmer			farm		Andrew County, Mo.		U S A		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
Henry Graff			Dorothea Heasemer			Hedwig Graff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address				
no			495-26-0645		Mrs. Hedwig Graff, Savannah, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)							2 weeks		
+ <i>Influenza</i>									
DUE TO (b) <i>Anemia, Severe</i>							1 month		
DUE TO (c) <i>Carcinoma of Colon</i>							6 months		
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.		
<i>Coronary Insufficiency, Impaired Arterio</i>							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. NATURE AND MANNER OF INJURY (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 <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		7-10-47		to		2-27-60		and last saw him alive on	
Death occurred at		10:40 AM		m on the date stated above, and to the best of my knowledge, from the causes stated.		2-27-60			
22a. SIGNATURE (Degree or title)				22b. ADDRESS				22c. DATE SIGNED	
<i>Richard B. Kelley M.D.</i>				Savannah, Missouri				2-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
removal		2-27-60		Savannah Cemetery		Savannah, Missouri			
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.			26. REGISTRAR'S SIGNATURE			
BREIT & HAWKINS SAVANNAH			Mar. 3, 1960			<i>Mrs. Clark Landell</i>			

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address Savannah

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