

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001911
STATE FILE NUMBER

FILED VS FEB 8 1961 No. 155 Primary Registration District No. 5580 Registrar's No. 20

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Twin Groves Twshp. | | Length of stay in 1b 20 Yrs | c. CITY OR TOWN Carl Jct R 1 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Miles West Carl Jct. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2 Miles West Carl Jct. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last EDGAR HARRISON DE GRAFF | | | 4. DATE OF DEATH Month Day Year 1-24-1961 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-23-1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and Mining | | 10b. KIND OF BUSINESS OR INDUSTRY Farm and Mines | 9. AGE (last birthday) 71 |
| 11a. FATHER'S NAME Oscar De Graff | | 11b. MOTHER'S MAIDEN NAME Margaret Thornton | 12. CITIZEN OF WHAT COUNTRY USA |
| 13. FATHER'S NAME Oscar De Graff | | 14. NAME OF HUSBAND OR WIFE Lura DeGraff | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Prior WW I | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Lura DeGraff, Carl Jct R 1, Mo. Address |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lungs--Metastasis DUE TO (b) Advanced rheumatoid arthritis DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH 6 wks. 10 yrs. | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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 Month, Day, Year a.m. p.m. | | | |
| 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 June, 1956 to January 23, 1961 and last saw her alive on 1-23-61 Death occurred at 3:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) A. Schulte, M. D. | | 22b. ADDRESS 2125 Jackson, Joplin, Missouri | 22c. DATE SIGNED 1-27-61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-26-1961 | 23c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery | 23d. LOCATION (City, town, or county) (State) Carl Junction, Mo. |
| 24. FUNERAL DIRECTOR Don Roney dba/Roney Funeral Service | | 25. DATE RECD. BY LOCAL REG. 1-29-61 | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Sritzer |

Missouri Licensed Embalmer's Statement on Reverse Side

MAR 14 1962

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.