

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024311

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 32

FILED JUN 27 1962

VS 300
Rev. 4/59

1 0930
2 0930
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4 1
5 1
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7 1
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9 4201
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12 1-0
13 1-0

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Appleton City		Length of stay in 1b 1 day	c. CITY OR TOWN Appleton City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellet Memorial Hosp;		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D
3. NAME OF DECEASED (Type or print) First Stella Middle Kiefer Last Gragg		4. DATE OF DEATH Month June Day 20 Year 1962	
5. SEX Female	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 1/26/1901
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kiefer Oklahoma
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Smith Kiefer	
13b. MOTHER'S MAIDEN NAME Martha Berryhill		14. NAME OF HUSBAND OR WIFE Jack Gragg	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Jack Gragg, Appleton City Mo,		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction acute 5 days DUE TO (b) Arteriosclerosis, coronary DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 years	
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 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 _____ 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 _____ 19:55 and last saw her alive on 20 June 62 Death occurred at _____ 9:35 A.M. on the date stated above, and to the best of my knowledge from the causes stated:			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Appleton City Missouri	22c. DATE SIGNED 6/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-22-62	23c. NAME OF CEMETERY OR CREMATORY Appleton City	23d. LOCATION (City, town, or county) (State) Appleton City Mo
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola Mo		25. DATE RECD. BY LOCAL REG. June 23, 1962	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MAR 1 1963

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 Paul D. Stanton

Licensed Embalmer No. 3990

P. O. Address Osceola, 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.