

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

942  
1

FILED DEC 7 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 411

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>St. Francois</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River, Mo</u> <u>0942</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 Chestnut St.</u>			d. STREET ADDRESS (If rural, give location) <u>102 Chestnut St.</u>		
3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Mrs. Jennie</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>Graf</u>	(Month) <u>Nov</u>	(Day) <u>30</u>	(Year) <u>1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-29-1891</u>	9. AGE (In years last birthday) <u>62-7-1</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Avon, Mo Ste Genevieve Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Mr. J. Archless Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Idemietta Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. G. D. Graf</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. G. D. Graf, 102 Chestnut St. Flat River, Mo.</u>			
18. CAUSE OF DEATH	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				<u>6 wks</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Arterio-sclerosis</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. <u>Hydrothorax R</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1953</u> , to <u>Nov 30, 1953</u> , that I last saw the deceased alive on <u>Nov 27, 1953</u> , and that death occurred at <u>9:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>N. P. Keeble MD</u> (Degree or title)			23b. ADDRESS <u>Keokuk Mo</u>		23c. DATE SIGNED <u>12-2-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 2, 1953</u>	REGISTRAR'S SIGNATURE <u>Ether Reddy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>303 Chestnut St. Flat River, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Alvin W. Hood.....

Licensed Embalmer No. 2780

P. O. Address 303 Cass St. S. E. Atlanta, Ga.

**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 this body is not embalmed, fact should be so stated above.