

FILED JUN 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22394

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6270 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>WEBSTER County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D.-Eikland</u>	c. LENGTH OF STAY (in this place) <u>70 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eikland - Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>x Washington Township</u>		d. STREET - ADDRESS (If rural, give location) <u>R.F.D. Washington Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ettie</u> b. (Middle) <u>E.</u> c. (Last) <u>Graves</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June-2-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 30-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>x</u> Days <u>x</u>	IF UNDER 24 HRS. Hours <u>x</u> Min. <u>y</u>
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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 <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Omerga, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam H. Platt</u>	13b. MOTHER'S MAIDEN NAME <u>Rachael Ann Morford</u>	14. NAME OF HUSBAND OR WIFE <u>John F. Graves</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>x</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Graves-Eikland, Mo.</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, ovaries & colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>175X</u>	

19a. DATE OF OPERATION <u>Feb 49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Generalized Carcinoma of abdomen</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Feb, 1949, to May, 1949, that I last saw the deceased alive on May, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Bruffen MD</u>	23b. ADDRESS <u>Buffalo MO</u>	23c. DATE SIGNED <u>10-June-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 4-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McGee</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/14/49</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>392</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rex Raney</u> ADDRESS <u>Marshfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 649-722

Date Filed 6-20-49

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.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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 this body is not embalmed, fact should be so stated above.