

FILED SEP 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29320

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>990</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Buchanan</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Buchanan</u>			
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1628 Co. 6th Street</u>		d. STREET ADDRESS (If rural, give location) <u>1628 Co. 6th Street</u>					
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Isabelle</u>		b. (Middle) _____	c. (Last) <u>Graves</u>		(Month) <u>9</u>	(Day) <u>9</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6-16-1871</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
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>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Oregon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jim Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Alice (not known)</u>		14. NAME OF HUSBAND OR WIFE <u>William Graves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Graves</u> ADDRESS <u>619 Reganore</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>Myocardial Insufficiency</u>					<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	DUE TO (b) <u>Coronary Arteriosclerosis</u>					<u>1 day</u>	
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.					<u>None</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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)				
			<u>St. Joseph Buchanan MO</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Sept 9, 1949</u> , to <u>Sept 9, 1949</u> , that I last saw the deceased alive on <u>Sept 9, 1949</u> , and that death occurred at <u>1:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Alexander</u>				23b. ADDRESS <u>1091 W. W. Moore</u>		23c. DATE SIGNED <u>Sept 12 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-13-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 14 1949</u>	REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u>		382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u> ADDRESS <u>St. Joseph, 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.

Signed Wm. H. Alexander

Signed.....
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St Joseph, 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.