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FILED JAN 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. **3626**  
**3626**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR Nevada</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b> <b>1083</b>	
c. LENGTH OF STAY (In this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>804 West Ashland</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ARNOLD</b>	b. (Middle) <b>FRANKLIN</b>	c. (Last) <b>GRAVES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8 '50.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 1st. 1901</b>	9. AGE (In years last birthday) <b>48</b>	# UNDER 1 YEAR Months <b>6</b> Days <b>7</b>	# UNDER 24 HRS. Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Post Office</b>	11. BIRTHPLACE (State or foreign country) <b>Melvin, Iowa.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Frank Graves</b>	13b. MOTHER'S MAIDEN NAME <b>Christine Peterson</b>	14. NAME OF HUSBAND OR WIFE <b>Olive E. Graves</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Olive E. Graves</b>	ADDRESS <b>Nevada, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary adenocarcinoma of trachea</b>		<b>4 years</b>
	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.			<b>162X</b>

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 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 **Mar 5, 1946**, to **Jan 8, 1950**, that I last saw the deceased alive on **Jan 1, 1950**, and that death occurred at **9:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thos. H. Hearn M.D.</b>	23b. ADDRESS <b>Nevada, Mo.</b>	23c. DATE SIGNED <b>Jan 18 '50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 10 '50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 14 - 1950</b>	REGISTRAR'S SIGNATURE <b>Kathryn H. Hucsey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen T. Hayes</b>	ADDRESS <b>Nevada, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1950

JAN 19 1950

RECEIVED

District Health Officer No. 71

District File Number 12-49-1967

Date Filed 1-17-50

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Quincy, Ma

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.