

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17304

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville, rural		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Confederate Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Confederate Home, Dover, Twp/	
d. STREET ADDRESS (If rural, give location) 0540			
3. NAME OF DECEASED a. (First) John b. (Middle) Thomas c. (Last) Graves			4. DATE OF DEATH (Month) (Day) (Year) May 9th 1950
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 1st, 1842
9. AGE (In years last birthday) 108		10. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Pike County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME James Graves		13b. MOTHER'S MAIDEN NAME Elizabeth Wall	
14. NAME OF HUSBAND OR WIFE Addie Graves Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Fisher Graves		ADDRESS Saint Louis, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 4200	
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)		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 Jan 1, 1949, to May 9, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at 3:20 pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. B. Bingham M. D.		23b. ADDRESS Higginsville, Mo.	
23c. DATE SIGNED 5/11/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE May 10th 1950	
24c. NAME OF CEMETERY OR CREMATORY Confederate Home		24d. LOCATION (City, town, or county) Higginsville, Mo. (State)	
DATE REC'D BY LOCAL REG. 6-8-50		REGISTRAR'S SIGNATURE Clayton W. Landrum	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Higginsville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

540

X-

RECEIVED MAY 13
District Health Officer No. 8,

District File Number _____

Date Filed 5/16/50

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.

Signed Frank Reilly

Signed _____
Student Embalmer

Licensed Embalmer No. 4284

P. O. Address Higginsville, Missouri

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.