

FILED MAY 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17480

740

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

BIRTH NO. _____		REG. DIST. NO. <u>261</u>		PRIMARY REG. DIST. NO. <u>4872</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>NOODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NOODAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURNINGTON JCT</u>		c. LENGTH OF STAY (If in this place) <u>30 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURNINGTON JCT</u>		d. STREET ADDRESS (If rural, give location) <u>1740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>1740</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SADIE</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>GRAVES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>APR 29 1951</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG. 16, 1874</u>		9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>BUCHANAN COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JOHN H. McGINNIS</u>		13b. MOTHER'S MAIDEN NAME <u>MAHALA MILLER</u>		14. NAME OF HUSBAND OR WIFE <u>SHERIDAN GRAVES</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 years</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) _____ 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 <u>1940</u>		19b. MAJOR FINDINGS OF OPERATION <u>Removed left Breast.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>170X</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>Feb 1950</u> , to <u>April 29, 1951</u> , that I last saw the deceased alive on <u>April 28, 1951</u> , and that death occurred at <u>9:15 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Wallace D.D.</u> (Degree or title)				23b. ADDRESS <u>Burnington Jct. Mo</u>		23c. DATE SIGNED <u>5-2-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-2-51</u>		24c. NAME OF CEMETERY OR CREMATOR <u>OHID</u>		24d. LOCATION (City, town, or county) (State) <u>BURNINGTON JCT. MO</u>	
DATE REC'D BY LOCAL REG. <u>5-11-51</u>		REGISTRAR'S SIGNATURE <u>Bess Hall-229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Burch Jct. Mo</u> ADDRESS _____			

MAY 5 1951



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Licensed Embalmer No. 2968

P. O. Address Burl. Jay. Mo.

Signed _____
Student Embalmer

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.