

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19522**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5129 Registrar's No. 655

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower, Rural Platte Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gower, Rural Platte Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County line Road</u>		d. STREET ADDRESS (If rural, give location) <u>County line Road 0110</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NATHANIEL</u> b. (Middle) <u>Lee</u> c. (Last) <u>GRAVES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 16 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 22 1871</u>	9. AGE (In years last birthday) <u>79</u>	10. IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	11. IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Calvin Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie GARTEN</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL GRAVES</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>X NONE X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Graves</u>	ADDRESS <u>GOWER, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>1 yr</u> <u>8 Mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Carcinoma Prostate</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 Feb 1951, to June 16, 1951, that I last saw the deceased alive on June 9, 1951, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. B. Shelding</u> (Degree or title)	23b. ADDRESS <u>Plattsburg, Mo</u>	23c. DATE SIGNED <u>June 16 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-17-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Allen Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Gower MO.</u>
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DATE REC'D BY LOCAL REG. <u>June 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Lyon</u>	ADDRESS <u>Plattsburg, MO.</u>
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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.

Student
Student Embalmer

Signed

Daniel D. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, 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.