

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26930**  
**3204**

FILED AUG 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>36 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>630 West 61st Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LUDWICK</b>	b. (Middle)	c. (Last) <b>GRAVES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1951</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 8, 1893</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Butler, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Judge W. W. Graves</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Medora Ludwick</b>	14. NAME OF HUSBAND OR WIFE <b>Ozelle M. Graves</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>720-12-7757</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ozelle Graves</b>	MO ADDRESS <b>630 West 61st St. KC</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>Acute Pulmonary Phlebotrombosis</b>		<b>12 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis Femoral artery + vein</b>		<b>10 days</b>
DUE TO (c) <b>Generalized Arteriosclerosis</b>		<b>3 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension with Nephritis</b>		<b>5 yrs</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Coronary Atherosclerosis</b>	20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <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 **Jan 1950** to **July 26, 1951**, that I last saw the deceased alive on **July 25, 1951**, and that death occurred at **3:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Carl H. Brust</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>106 W 14th St Kansas City Mo</b>	23c. DATE SIGNED <b>July 26-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/27/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-27-51</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE &amp; McCLURE</b>	ADDRESS <b>Kansas City, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. David M. Gibson  
K. U. Med. Center

MAY 20 1955

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 \_\_\_\_\_

Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.