

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29976  
Registrar's No. 806

FILED SEP 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bolivar, Rural</b>	
c. LENGTH OF STAY (If in this place) <b>1 day</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 4</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jimmie</b>	b. (Middle) <b>Dale</b>	c. (Last) <b>Graves</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19, 1951</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>Single</b>	8. DATE OF BIRTH <b>Nov. 18, 1945</b>	9. AGE (In years last birthday) <b>5</b>	10. MONTH <b>10</b>	11. DAY <b>1</b>	12. HOURS <b>1</b>	13. MIN. <b>1</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (State or foreign country) <b>Bolivar, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Charles Delbert Graves</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie White</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ben Case, Bolivar, Mo.</b>	ADDRESS <b>Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>2nd and 3rd degree burns over body.</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	19b. MAJOR FINDINGS OF OPERATION <b>E 9160 / 16</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>(Rural) Bolivar Polk Missouri</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 18, 1951</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fire caused by children playing with matches</b>
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22. I hereby certify that I attended the deceased from 9/18, 1951, to 9/19, 1951, that I last saw the deceased alive on 9/19, 1951, and that death occurred at 2:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Michael P. Metzger MD</b>	23b. ADDRESS <b>700 E. Sunshine, Springfield</b>	23c. DATE SIGNED <b>9/19/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-18-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>	24d. LOCATION (City, town, or county) (State) <b>Bolivar Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-19-51</b>	REGISTRAR'S SIGNATURE <b>W. E. Handley MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <b>Raymond Blue Funeral Home Bolivar, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0396

MASSACHUSETTS  
DEPARTMENT OF HEALTH

STATE OF MASSACHUSETTS

**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 *Lewis G. Schopf*.....

Licensed Embalmer No. *3802*.....

P. O. Address *Springfield, Mass.*.....

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.

*[Handwritten signatures and marks]*