

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30251
3893

State File No.

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

2008
4

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3748</u>	
c. LENGTH OF STAY (in this place) <u>65 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>1203 Mc GEE STREET 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2839 TROOST AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>A</u> c. (Last) <u>GRAVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-11-1951</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>WIDOWED</u>		8. DATE OF BIRTH <u>JULY-21-1883</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CITY TREASURER'S OFFICE</u>			11. BIRTHPLACE (State or foreign country) <u>WYOMING ILLINOIS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>LORENZO DOW GRAVES</u>			13b. MOTHER'S MAIDEN NAME <u>ELLA E. CARSON</u>			14. NAME OF HUSBAND—OR WIFE <u>MRS. NELLIE E. GRAVES</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-03-2261A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARENCE GRAVES</u> ADDRESS <u>1105 SOARITT AVE. KANSAS CITY, MO.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary occlusion</u>						<u>24 1/2</u>	
		ANTECEDENT CAUSES							
		DUE TO (b) <u>myocarditis</u> DUE TO (c) <u>chr bronchial asthma</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 25, 1951, to Sept 11, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 2:59 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence Graves</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>416 Ogyle Bldg K C Mo</u>		23c. DATE SIGNED <u>9-11-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>SEPT-12-1951</u>		24c. NAME OF CEMETERY OR-CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>9-12-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	
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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.....
Student Embalmer

Signed Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 14 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.