

FILED NOV 20 1951

STANDARD CERTIFICATE OF DEATH

37089

State, File No.

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette
c. LENGTH OF STAY (to this place) 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 717 Church St.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette
d. STREET ADDRESS (If rural, give location) 717 Church St.

3. NAME OF DECEASED
a. (First) Iva
b. (Middle) M.
c. (Last) Graves

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 12, 1951

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1/8/1886

9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.)
65 10 24

10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Howard Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Sam Ware

13b. MOTHER'S MAIDEN NAME Dora Ketchum

14. NAME OF HUSBAND OR WIFE Reed Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs Ernest Dusenberg Fayette, Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Arteriosclerosis
DUE TO (c) Hemiplegia
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 wk
5 Yrs
2 Yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
332X

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1951 to 11-12, 1951, that I last saw the deceased alive on 11-12, 1951, and that death occurred at 3 a.m., from the causes and on the date stated above.

23a. SIGNATURE Walter Bloom U.M.D. (Degree or title)

23b. ADDRESS Fayette, Mo

23c. DATE SIGNED 11-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/14/51

24c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery

24d. LOCATION (City, town, or county) (State) Howard Co. Mo

DATE REC'D BY LOCAL REG. 11-18-51

REGISTRAR'S SIGNATURE Mary K Shell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ralph A. Carr Fayette, Mo

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

RECEIVED NOV 21 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed NOV 21 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

Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.