No. 300
10-48

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FILED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2167

BIRTH NO. _____ REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 4872 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burlington Jct.
c. LENGTH OF STAY (in this place) 30 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Merchants Cafe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burlington Junction
d. STREET ADDRESS (If rural, give location) 0740

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH
b. (Middle) NICHOLAS
c. (Last) GRAVES

4. DATE OF DEATH (Month) JAN (Day) 2 (Year) 1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH AUG. 13, 1890
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months 4 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) BURLINGTON JCT. MO.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN R. GRAVES
13b. MOTHER'S MAIDEN NAME SARAH FRAIL
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME MRS JOHN DOOLEY ADDRESS MARYVILLE 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 2 yrs
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 no operations 4201
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) m.
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* not attended, 19__, *that I last saw the deceased alive on* not seen, *and that death occurred at* 9-a *m., from the causes and on the date stated above.*

23a. SIGNATURE L E Dean-Coroner 3 (Degree or title) MD
23b. ADDRESS Maryville Mo.
23c. DATE SIGNED 1-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-5-1952
24c. NAME OF CEMETERY OR CREMATORY OHIO
24d. LOCATION (City, town, or county) BURLINGTON JCT MO (State)

DATE REC'D BY LOCAL REG. 1-19-52
REGISTRAR'S SIGNATURE Reso [illegible] 229-2
25. FUNERAL DIRECTOR'S SIGNATURE J Hann ADDRESS Burl. Jct. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 2965

P. O. Address Burl Jct 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.