

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38240

State File No.

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>118</u>		PRIMARY REG. DIST. NO. <u>5439</u>		Registrar's No. <u>31</u>		
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural Canaan Twp.</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural Canaan Twp. 0370</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Owensville, Mo. Rt. 1</u>				d. STREET ADDRESS (If rural, give location) <u>Owensville, Mo. Rt. 1</u>				
3. NAME OF DECEASED (Type or Print), a. (First) <u>Verna</u> b. (Middle) <u>Lee</u> c. (Last) <u>Graves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1952</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 10, 1883</u>		
9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u></u> DAYS <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Owensboro, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		13a. FATHER'S NAME <u>John Thomas Clements</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Gragston</u>		
13c. FATHER'S NAME		13d. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Edward E. Graves</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Shelley Ferguson, Mo.</u>				
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) <u>Chronic Endocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>8-30</u> , 19 <u>52</u> to <u>10-18</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>10-17</u> , 19 <u>52</u> , and that death occurred at <u>9:15a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>S. F. Bradley, M.D.</u> (Degree or title)				23b. ADDRESS <u>Owensville, Mo.</u>		23c. DATE SIGNED <u>10-20-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/21/52</u>		REGISTRAR'S SIGNATURE <u>363</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael N. Winter OWENSVILLE</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48
370
1

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Maxford H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.