

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1987**

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 5603 Registrar's No. 3

051

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Grover Twn.</u>		c. LENGTH OF STAY (In this place) <u>73 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Grover Twn.</u>		d. STREET ADDRESS (If rural, give location) <u>Approx. 10 mi. North of Knob Noster</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>H.</u> c. (Last) <u>Graves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1953</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>Nov. 2, 1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Greenville, Pa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Arner</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jewell Stone, RFD Knob Noster</u>	ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Myocardial</u>		
	DUE TO (b) <u></u>		
	DUE TO (c) <u></u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Renite stenosis</u>		

19a. DATE OF OPERATION <u></u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	<u>- 304X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>

22. I hereby certify that I attended the deceased from Jan 5, 1953, to Jan 14, 1953 that I last saw the deceased alive on Jan 4, 1953, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>G. W. Graves, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Knob Noster, Mo</u>	23c. DATE SIGNED <u>Jan 17-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 17-53</u>	REGISTRAR'S SIGNATURE <u>Ernest L. Beatty</u>	149-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u>	ADDRESS <u>Knob Noster, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 20 1953

JOHNSON COUNTY HEALTH DEPT.

FEB 17 1953

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

W. Raymond Baker

Licensed Embalmer No.

4616

P. O. Address

Knob Noster, 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.