

STANDARD CERTIFICATE OF DEATH

4777
State File No.

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 5074 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Union</u>	
c. LENGTH OF STAY (In this place) <u>19 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Irwin R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) _____ c. (Last) <u>GRAVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1953</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 1 1876</u>	9. AGE (In years) last birthday <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
13a. FATHER'S NAME <u>Charles Mannell</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Schmickle</u>	
14. NAME OF HUSBAND OR WIFE <u>John L. Graves</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

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>XXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles Pyatt, Irwin, Mo. R#1</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma torii</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Cancer of the stomach</u>			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS - P. _____ <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				<u>151X</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) <u>LAMAR Barton Mo</u>	
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 Jan 5, 1953 to Feb 23, 1953 that I last saw the deceased alive on Feb 10, 1953 and that death occurred at 5:20a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. Guelker M.D.</u>		23b. ADDRESS <u>LAMAR Mo</u>		23c. DATE SIGNED <u>2-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 25 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Stockton, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Konantz Funeral Home, Lamar, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

060

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 _____

Leard J. Kanantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.