

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8674

State File No.

886

No. 300
10.48

FILED MAR 18 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		e. STREET ADDRESS (If rural, give location) <u>5720 Prospect Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5720 Prospect Avenue</u>		f. ADDRESS <u>5720 Prospect Avenue</u>	
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		a. (First) <u>Albert</u>	b. (Middle) <u>M.</u>
c. (Last) <u>Graves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 24 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>APRIL 1, 1892</u>
9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	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>RETIRED ICE MAN</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>PENNSYLVANIA</u>	
10b. KIND OF BUSINESS OR INDUSTRY	13a. FATHER'S NAME <u>BANNER GRAVES</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SWEIGNERT</u>	14. NAME OF HUSBAND OR WIFE <u>AMANDA E. GRAVES</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-01-9180A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. AMANDA GRAVES, 5720 PROSPECT, K.C., MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Created for Heart at time</u>		DUE TO (c) _____
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) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ (COUNTY) _____ (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:20 A.</u>, from the causes and on the date stated above.			
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)		23b. ADDRESS <u>1034 Realty Bldg</u>	23c. DATE SIGNED <u>2-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>FEB 26 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>PARSONS KANSAS</u>
DATE REC'D BY LOCAL REG. <u>2-26-54</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAE DIRECTOR'S SIGNATURE <u>1331-08153 CREEK</u>

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.....
Signature of Student Embalmer

Signed.....
Rollie Jesse

Licensed Embalmer No. 469

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.