

STANDARD CERTIFICATE OF DEATH

FILED APR 19 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) <u>Fulton, Mo.</u>	c. LENGTH OF STAY (in this place) <u>629-1M-10</u>	c. CITY OR TOWN <u>Columbia,</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #1, Fulton Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>610 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIA</u> b. (Middle) c. (Last) <u>GRAVES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>January 23, 1888</u>	9. AGE (In years last birthday) <u>66</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	11. UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Blacksmith</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Graves</u>	13b. MOTHER'S MAIDEN NAME <u>Susie Miller</u>	14. NAME OF HUSBAND OR WIFE <u>D. K.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of State Hospital #1, Fulton Mo.</u>	ADDRESS <u>Fulton Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident - Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Diabetes Mellitus</u>		
	DUE TO (c) <u>Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY <u>260X</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1954, to Apr 13, 1954, that I last saw the deceased alive on Apr 13, 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. C. Kepke M.D. by [Signature]</u>	23b. ADDRESS <u>State Hospital #1, Fulton Mo.</u>	23c. DATE SIGNED <u>4-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr 13-1954</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	426 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Parker</u>	ADDRESS <u>Columbia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was emb~~
by me, or by, Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *Stuart P. Parker*.....

Licensed Embalmer No. *290*.....

P. O. Address *Columb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.