

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16761

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 372 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY NODAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODAWAY	
b. CITY OR TOWN BURNINGTON JCT		c. CITY OR TOWN BURNINGTON JCT	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE		e. STREET ADDRESS (If rural, give location) 0748	

3. NAME OF DECEASED (Type or Print) a. (First) SHERIDAN b. (Middle) JASPER c. (Last) GRAVES			4. DATE OF DEATH (Month) (Day) (Year) JUNE 7 1954		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MCH. 17, 1871		9. AGE (In years last birthday) 83		10. IF UNDER 1 YEAR: Days 2 Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL CARRIER		10b. KIND OF BUSINESS OR INDUSTRY POSTAL		11. BIRTHPLACE (City and State or Foreign Country) STARK CO ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U S					

13a. FATHER'S NAME JONATHAN GRAVES		13b. MOTHER'S MAIDEN NAME RACHAEL GRAVES		14. NAME OF HUSBAND OR WIFE SADIE GRAVES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. S. GRAVES BURL JCT MO	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced arterio-sclerotic Cardio-vascular disease			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X		20. AUTOPSY? 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) m.		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 4/21/54, 1954, to 6/4/54, 1954, that I last saw the deceased alive on 6/3/54, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch. Medtremeyer, M.D.		23b. ADDRESS Havard, Mo.		23c. DATE SIGNED 6/5/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-6-1954		24c. NAME OF CEMETERY OR CREMATORY OHIO	
				24d. LOCATION (City, town, or county) (State) BURL JCT. MO	

DATE REC'D BY LOCAL REG. 6-12-54		REGISTRAR'S SIGNATURE Bess Holt 229		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. P. ... Burl, Jct Mo	
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(Licensed Embalmer's Statement for Reverse Side)

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

0.300
0.48

740

1961 6 70P

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.....
[Handwritten Signature]

Licensed Embalmer No. 296
P. O. Address Burl Id

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.