

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4123**

FILED FEB 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived or institution; residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (If this place) <u>3 days</u>		c. CITY OR TOWN <u>Jackson</u>		0161	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Independence St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREEMAN</u>			b. (Middle) <u>-</u>			c. (Last) <u>GRAVES</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>February 5, 1955</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>Nov. 1, 1884</u>		9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Stonefort Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Noah Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Mary King</u>		14. NAME OF HUSBAND OR WIFE <u>Manie Baker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>now</u>		17. INFORMANT'S SIGNATURE OR NAME <u>David Graves</u> ADDRESS <u>Jackson Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerosis</u> 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>Senile Dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u> <u>6 months</u>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>			
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 <u>Nov.</u> , 19 <u>52</u> , to <u>Feb 5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Feb 5</u> , 19 <u>55</u> , and that death occurred at <u>11:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. F. McDonald, MD</u> (Degree or title)				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>Feb. 8, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-20-55</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Miller</u> ADDRESS <u>Jackson Mo</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lyman Steele

Signed.....
Student Embalmer

Licensed Embalmer No. *2476*

P. O. Address *Jackson M*

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.