

FILED FEB 25 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **5820**
 BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **4424** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Polk			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Linn Twp.		0200
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Memorial Hosp.			d. STREET ADDRESS (If rural, give location) 2 Miles N. of Stockton		
3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) RILEY	c. (Last) GRAVES	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 6, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR (Month) (Day) (Year) 7 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Tenant	11. BIRTHPLACE (State or foreign country) Cedar County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Wilburn E. Graves		13b. MOTHER'S MAIDEN NAME Rhoda Kennedy		14. NAME OF HUSBAND OR WIFE	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Graves, Stockton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH ?
19a. DATE OF OPERATION 1-26-55	19b. MAJOR FINDINGS OF OPERATION Hypertrophy of Prostate Gland				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)			
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 1-25, 1955 to 2-1, 1955, that I last saw the deceased alive on 2-1, 1955, and that death occurred at 4:10 P. M., from the causes and on the date stated above.					
23a. SIGNATURE R. Robinson		(Degree or title) M.D.		23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 2-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-4-1955	24c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery		24d. LOCATION (City, town, or county) (State) Stockton, Mo.	
DATE REC'D BY LOCAL REG. Feb 14, 1955	REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paulson Funeral Home - Stockton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

Jan 8 1953

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 John A. Cantler

Licensed Embalmer No. 4387

P. O. Address Stockton, MO

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.