

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **4551** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Wright</b>	
b. CITY OR TOWN <b>Hartville</b>		c. CITY OR TOWN <b>Hartville</b>	d. 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) <b>20</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>home in Hartville</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Hannah Cordelia</b>	b. (Middle) <b>Graven</b>	c. (Last)	(Month) <b>Feb.</b>	(Day) <b>6</b>	(Year) <b>1955</b>

5. SEX <b>fem.</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>June 15, 1866</b>	9. AGE (in years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Wright County, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Jonithan Shelby</b>	13b. MOTHER'S MAIDEN NAME <b>Baker</b>	14. NAME OF HUSBAND OR WIFE <b>Charles T. Graven</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Graven</b>	ADDRESS <b>Hartville, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Jan 1-51</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Face &amp; Ears</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>191X</b> YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1**, 1955, to **Feb 6**, 1955, that I last saw the deceased alive on **Feb 5**, 1955, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.R. Mott M.D.</b>	23b. ADDRESS <b>Hartville, Mo</b>	23c. DATE SIGNED <b>2-12-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dutch Chapel Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Manes Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-15-55</b>	REGISTRAR'S SIGNATURE <b>E. Garner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John S. Superior</b>	ADDRESS <b>Hartville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 355-27  
Date Filed 3-5-55

**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 James W. Wair.....

Licensed Embalmer No... 465.....

P. O. Address Springfield

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.