

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21162**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>		PRIMARY REG. DIST. NO. <b>1000</b>		Registrar's No. <b>834</b>		
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>32 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>504 S. 22nd Street</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>504 S. 22nd Street</b>				d. STREET ADDRESS (If rural, give location) <b>504 S. 22nd Street</b>				
3. NAME OF DECEASED (Type or Print) <b>Eleanor</b>			a. (First)		b. (Middle) <b>Blanche</b>		c. (Last) <b>Graves</b>	
4. DATE OF DEATH <b>August 1, 1955.</b>		(Month)		(Day)		(Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 4, 1859</b>		
9. AGE (In years) <b>96</b>		IF UNDER 1 YEAR last birthday		Months <b>96</b>		Days		
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 <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pittsburg, Penn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Hollenback</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Amelia Clemmons</b>			14. NAME OF HUSBAND OR WIFE <b>Robert Graves</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. H. Fox</b>				
(If yes, give war or dates of service) <b>*****</b>		ADDRESS <b>St. Joseph, Mo.</b>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arterio sclerosis gen</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs -</b>				
ANTECEDENT CAUSES				DUE TO (b) <b>Senility</b>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>4500</b>				
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? 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 <b>7/1, 1953</b> , to <b>July 20, 1955</b> , that I last saw the deceased alive on <b>July 20, 1955</b> , and that death occurred at <b>8:55 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Frank W. Anderson M.D.</b>				23b. ADDRESS <b>620 Monroe St., City</b>		23c. DATE SIGNED <b>8/1/55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 3, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fairfax, Missouri.</b>		
DATE REC'D BY LOCAL REG. <b>Aug. 9, 1955</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Meierhoffer</b>		ADDRESS <b>St. Joseph, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

\*\*\* \*\*\*\*

Student Embalmer No. \_\_\_\_\_ \*\*\*\*

working under my personal supervision.

Student ..... \*\* \*\*\*  
Student Embalmer

Signed *Albert R. Harrington* \_\_\_\_\_

Licensed Embalmer No. 3258 Mo. \_\_\_\_\_

P. O. Address St. Joseph, Mo. \_\_\_\_\_

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.