

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21607**

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5303		Registrar's No. 242		
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Cole				
b. CITY OR TOWN Jefferson City <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Jefferson City		0264		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles south on 54 highway <i>Renn's Lake</i>				d. STREET ADDRESS (If rural, give location) 511 W. McCarty				
3. NAME OF DECEASED (Type or Print) James Edwin Graves Jr.			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Aug. 7, 1955		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH Dec. 28, 1950		
9. AGE (In years last birthday) 4		IF BORN IN YEAR 7		MONTHS 19		IF BORN IN HRS. 1		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chillicothe, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James Edwin Graves Sr.			13b. MOTHER'S MAIDEN NAME Bonnie Hensley			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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Bonnie Graves Jefferson City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental drowning		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					E850x 38	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 (In or about home, farm, factory, street, place bldg., etc.) Renn's Lake		21c. CITY, TOWN, OR TOWNSHIP Jeff. Twp (COUNTY) Cole (STATE) Mo				
21d. TIME OF INJURY Aug 7-1955 6Pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? boy fell out of boat father jumped in to save				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6 P. m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Sheriff Office Jeff City		23c. DATE SIGNED 8-9-55		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-11-55		24c. NAME OF CEMETERY OR CREMATORY River View Cemetery Jefferson City Mo		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 10 Aug 1955		REGISTRAR'S SIGNATURE R.P. Dorris MD-MR		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]				

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

MAY 1 1958

202 08 90

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.