

FILED MAR 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5245

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Independence</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Atherton</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium D.D.A.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Hwy. 8 Atherton</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Delmar b. (Middle) Dave c. (Last) Graybill

4. DATE OF DEATH (Month) (Day) (Year)
Feb 26, 1956

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, never married 8. DATE OF BIRTH July 30 - 1936

9. AGE (In years last birthday) 19 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY Student 11. BIRTHPLACE (City and State or Foreign Country) Norborne, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Graybill 13b. MOTHER'S MAIDEN NAME Kathryn Jorgenson 14. NAME OF HUSBAND OR WIFE none

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. 495-38-6539 17. INFORMANT'S SIGNATURE OR NAME George Graybill ADDRESS Atherton, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Dementia resulting from multiple stab wounds

ANTECEDENT CAUSES (b) chest + heart

II. OTHER SIGNIFICANT CONDITIONS (c) chest + heart

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) night club 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Miss

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-26-56 1:35 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Stabbed in chest

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Delmar Graybill 23b. ADDRESS 6627 Parkside Dr. Atherton, Mo 23c. DATE SIGNED 2-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 29 1956 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery 24d. LOCATION (City, town, or county) (State) Jackson Co. - Mo

DATE REC'D BY LOCAL REG. 2-29-56 REGISTRAR'S SIGNATURE James H. ... FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard R. Speaks, Independence, Mo

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

MAR 22 1956

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 *Raymond M. Hardy*

Licensed Embalmer No. *491*

P. O. Address *Index, Va.*

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.