

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31366**
Registrar's No. **187**

FILED SEP 21 1956

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5726		Registrar's No. 187			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Middle Fork		c. LENGTH OF STAY (in this place) 65 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Middle Fork		d. STREET ADDRESS (If rural, give location) R.F.D. Anabel Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. Anabel				d. STREET ADDRESS (If rural, give location) R.F.D. Anabel Mo.					
3. NAME OF DECEASED (Type or Print) a. (First) Lysander Lee			b. (Middle) Graves			c. (Last) Graves			
4. DATE OF DEATH (Month) (Day) (Year) Aug 31, 1956									
5. SEX <input checked="" type="checkbox"/> Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 9, 1866			
9. AGE (In years last birthday) 90		10. UNDER 1 YEAR Months		11. UNDER 12 HRS. Hours		12. UNDER 12 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY -			11. BIRTHPLACE (City and State or Foreign Country) Anabel, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME William R. Graves		13b. MOTHER'S MAIDEN NAME Permelia Reynolds		14. NAME OF HUSBAND OR WIFE Melkina Graves		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME Homer Graves ADDRESS Anabel, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition (1 yr.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. anemia						INTERVAL BETWEEN ONSET AND DEATH 3 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 447X						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) (Min.)		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 Mar 3, 1955 , to Aug 20, 1956 , that I last saw the deceased alive on Aug 20, 1956 , and that death occurred at 1:00 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dean R. Hull D.O.				23b. ADDRESS Clarence, Mo.		23c. DATE SIGNED 9-10-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 2, 1956		24c. NAME OF CEMETERY OR CREMATORY Graves Chapel		24d. LOCATION (City, town, or county) (State) Anabel, Mo.			
DATE REC'D BY LOCAL REG. 9-12-56		REGISTRAR'S SIGNATURE Ruth M. Neely		25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton ADDRESS Macon, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

County File No. 9.56.1948
Date Filed 9.20.48

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, 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.