

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36680**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY OR TOWN <u>Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN	d. Is 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>S.R. #1 St. Genevieve Mo</u>		e. STREET ADDRESS (If rural, give location) <u>S.R. #1 St. Genevieve Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>GRAVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Feb 16, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, Mo</u>	
13a. FATHER'S NAME <u>William Graves</u>			13b. MOTHER'S MAIDEN NAME <u>Euglyn York</u>		14. NAME OF HUSBAND OR WIFE <u>MARY G. BEGG</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>485-03-3191</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Graves - S.R. #1 St. Genevieve Mo</u>		ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u>		
	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? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Oct 14, 1956, to Oct 16, 1956, that I last saw the deceased alive on Oct 16, 1956, and that death occurred at 6:15 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. C. Clapsdale M.D.</u>	23b. ADDRESS <u>St. Genevieve Mo</u>	23c. DATE SIGNED <u>10-18-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.S. Phillip and James</u>	24d. LOCATION (City, town, or county) (State) <u>River Aux Vases, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-17-56</u>	REGISTRAR'S SIGNATURE <u>Luella Barber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jeune L. Decker</u>	ADDRESS <u>St. Genevieve Mo</u>
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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.....
Signature of Student Embalmer

Signed.....

Jerome A. Paul

Licensed Embalmer No. 3817

P. O. Address: *St. Genevieve*

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.