

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39430

State File No. _____

FILED NOV 28 1956

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10084		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Miami				
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Osawatomie		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital				e. STREET ADDRESS (If rural, give location) Route 2 8150 8				
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ROBERT c. (Last) GRAVES			4. DATE OF DEATH (Month) (Day) (Year) 11 5 56					
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH Sept. 2, 1907		
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caman			10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R. R.		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. Bailey Graves			13b. MOTHER'S MAIDEN NAME Ettamay Braswell			14. NAME OF HUSBAND OR WIFE Sister Pauline Cole		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. # 2			16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Pauline Cole, Beegle, Kansas ADDRESS			
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) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163x					INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY! YES <input checked="" type="checkbox"/> NO <input 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 10.14 , 19 56 , to 11.5 , 19 56 , that I last saw the deceased alive on 11.4 , 19 56 , and that death occurred at 3:15A m. , from the causes and on the date stated above.								
23a. SIGNATURE Benjamin H. Charles, M.D. (Degree or title) 0				23b. ADDRESS Mo. Pac. Hospital - St. Louis		23c. DATE SIGNED 5 Nov. 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-5-56		24c. NAME OF CEMETERY OR CREMATORY Local Cemetery		24d. LOCATION (City, town, or county) (State) Paola, Kansas		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE NOV 5 1956 G. J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,						

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

NOV 8 11 1958

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 *Robert M Murray*.....

Licensed Embalmer No. *37*.....

P. O. Address *St. Louis*.....

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.