

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13875**

FILED APR 24 1957

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Lewington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lewington</u>			
b. CITY OR TOWN <u>Chellicothe</u>		c. LENGTH OF STAY (in this place) <u>34 yr</u>		c. CITY OR TOWN <u>Chellicothe Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1112 Maple 0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chellicothe Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 11 57</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Graves</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May-29-1869</u>		9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Rosemelia Brantley</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph A. Graves</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES GRAVES</u> ADDRESS <u>Chellicothe Mo</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>				not known	
		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? <u>2</u> 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) <u>331X</u>			
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 <u>Mar 31, 1957</u> to <u>April 11, 1957</u> , that I last saw the deceased alive on <u>April 10, 1957</u> , and that death occurred at <u>5A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Chellicothe Mo</u>		23c. DATE SIGNED <u>Apr 12 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 16-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chellicothe Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/12/57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Chellicothe Mo</u>			

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

1715

SEP 10 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 .....  
Student Embalmer

Signed *C. Beckwith*

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.