

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14735  
STATE FILE NUMBER  
3919

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Poplar Bluff	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glennon Hospital		Length of stay in 1b		d. STREET ADDRESS 1103 Mills (If outside, give location)	
3. NAME OF DECEASED (Type or print) First MIDDLE Last CATHY GRAVES			4. DATE OF DEATH Month Day Year 4-23-57		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-14-1947	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Gideon, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Earl Graves			14. MOTHER'S MAIDEN NAME Wanda Sharp		
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. none		17. INFORMANT Earl Graves, Poplar Bluff, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute leukemia (Acute leukemia) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 204.3					INTERVAL BETWEEN ONSET AND DEATH 4 months
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. —		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Jan 1957		20f. CITY, TOWN, OR LOCATION 4-23-57		COUNTY STATE	
21. I attended the deceased from January 1957, to April 23, 1957 and last saw her alive on April 23, 1957 Death occurred at 2:54 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jas. P. King James P. King		(Degree or title) M. D. M. D.		22b. ADDRESS 1465 S. Grand 1465 S. Grand Ave.	
22c. DATE SIGNED 4/23/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 4-24-57		23c. NAME OF CEMETERY OR CREMATORY Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Greer-Croy-Fitch, Poplar Bluff, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. APR 24 '57	
				26. REGISTRAR'S SIGNATURE J. Carl Smith	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MAY 20 1957

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 *W E Morris* .....

Licensed Embalmer No. *330*

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.