

FILED SEP 30 1957

STANDARD CERTIFICATE OF DEATH

THE DIVISION OF HEALTH OF MISSOURI

32788

STATE FILE NUMBER

Registration District No. 241

Primary Registration District No. 3048

Registrar's No. 238

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		c. CITY OR TOWN Stanberry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital 5 days		d. STREET ADDRESS (If outside, give location) 919 Maple St	
3. NAME OF DECEASED (Type or print) First Mr. Don Middle Celious Last Graves		4. DATE OF DEATH Month Sept Day 26 Year 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 6 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Bethany, Mo
13a. FATHER'S NAME Bedford Graves		13b. MOTHER'S MAIDEN NAME Bethany, Mo	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Mrs. Ethel Graves Stanberry, 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) Hemorrhaging peptic ulcer			INTERVAL BETWEEN ONSET AND DEATH 2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov 15, 1955 to Sept 26, 1957 and last saw her/him alive on Sept 26, 1957 Death occurred at 8:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. G. Byland M.D.		22b. ADDRESS Maryville, Mo	
22c. DATE SIGNED 9/27/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/30/57	
23c. NAME OF CEMETERY OR CREMATORY Hamlett Cemetery		23d. LOCATION (City, town, or county) (State) Hamlett, Nebraska	
24. FUNERAL DIRECTOR Phillips Mortuary		25. DATE REC. BY LOCAL REG. 9-28-57	
ADDRESS Stanberry Mo		26. REGISTRAR'S SIGNATURE Bess Holt	

MAR 28 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 Peter G. Phillips

Licensed Embalmer No. 1898

P. O. Address Stokes

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.