

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

556

STATE FILE NUMBER

Registration District No. 67 Primary Registration District No. 5227 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Peculiar Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Garden City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>			Length of stay in 1b <u>7 months</u>		d. STREET (If outside, give location) ADDRESS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Letitia</u> Last <u>Graves</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>9</u> Year <u>1958</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 25, 1876</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>Austin (Cass Co) Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Albert H. Stevens</u>						14. MOTHER'S MAIDEN NAME <u>Mahettable Hayden</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 Address <u>Mrs. Zelda Garrett, Garden City, Mo.</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Oedema</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Cardiac Insufficiency</u>		<u>20 yrs</u>	
										DUE TO (c) <u>Atherosclerosis</u>		<u>25 yrs</u>	
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.) <u>4221</u>										
20c. TIME OF INJURY Hour <u>        </u> Month <u>        </u> Day <u>        </u> a. m. <u>        </u> p. m. <u>        </u>													
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.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE							
21. I attended the deceased from <u>May 9, 1957</u> to <u>Jan 9, 1958</u> and last saw her <u>home</u> alive on <u>Jan 9, 1958</u> . Death occurred at <u>678</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>H. C. French, M.D.</u> (Degree or title)					22b. ADDRESS <u>Warrensburg</u>			22c. DATE SIGNED <u>Jan 11, 1958</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-12-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Austin Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Archie, Missouri</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Wilson - Hilly Garden City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>January 12, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Nora Garward</u>							

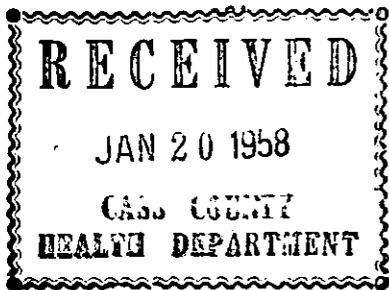
(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

00  
56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 9 1958



JAN 23 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 *Bill J. Hilly*.....

Licensed Embalmer No. 4.....

P. O. Address *Hudson Co*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.