

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029647
STATE FILE NUMBER

AUG 19 1958 Registration District No. 200 Primary Registration District No. 5726 Registrar's No. 43

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEATH at

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MIDDLE FORK		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ANABEL 0610
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RPD ANABEL MO		Length of stay in lb 35 YRS	d. STREET ADDRESS (If outside, give location) RPD
3. NAME OF DECEASED (Type or print) First Middle Last EVA MAE GRAVES			4. DATE OF DEATH Month Day Year JULY 13, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 20, 1923
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	11. BIRTHPLACE (City and state or country) RANDOLPH COUNTY MO
12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME JAMES T. HALEY	
13b. MOTHER'S MAIDEN NAME SARAH WEDDINGS		14. NAME OF HUSBAND OR WIFE WM. G. GRAVES	
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 Address J.T. GRAVES ANABEL 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) Uremia			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) dehydration			8 days
DUE TO (c) Intracranial hemorrhage			10 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis			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 a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Jan 26, 1953 to July 6, 1958 and last saw her alive on July 6, 1958 Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Alvan R. Hull D.O.		22b. ADDRESS Clarence, MO	22c. DATE SIGNED 7-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-16-58	23c. NAME OF CEMETERY OR CREMATORY GRAVES CHAPEL CEMETERY	23d. LOCATION (City, town, or country) (State) MACON COUNTY MO
24. FUNERAL DIRECTOR GREENING FUNERAL HOME		ADDRESS CLARENCE MO	25. DATE RECD. BY LOCAL REG. 7-26-58
26. REGISTRAR'S SIGNATURE Mrs Ruth McNealy			

AUG 19 1958

7-30-58

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 *Charles V. Green*

Licensed Embalmer No. *46254*
P. O. Address. *Clarens*

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.