

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038952  
STATE FILE NUMBER

DEC 15 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1323

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN New Hampton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2		Length of stay in lb 04/0 ADDRESS 1 mon 7da	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ELLIS GRAVES			4. DATE OF DEATH Month Day Year Dec. 10, 1958		
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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 June 10, 1886	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY Darius	11. BIRTHPLACE (City and state or country) Davless County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Salathio Graves	13b. MOTHER'S MAIDEN NAME Martha McDaniel	14. NAME OF HUSBAND OR WIFE Mrs. Minnie Graves
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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. unknown	17. INFORMANT Mrs. Minnie Graves	Address New Hampton, Mo.
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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>Brønchial pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Superpubic prostectomey</u>	12/8/1958
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclærosis with psychosis</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <u>12/9/1958</u> to <u>12/10/1958</u> and last saw her/him alive on <u>12/10/1958</u> Death occurred at <u>6:30, A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>G.E. Gossine M.D.</u>	22b. ADDRESS State Hospital #2, St. Joseph, Mo.	22c. DATE SIGNED 12/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY New Hampton Missouri	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <u>W. N. Noble &amp; Son</u>	ADDRESS <u>1401 New Hampton</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 10, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>
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(Licensed Embalmer's Statement on Reverse Side)

ALL diseases in Part I must be causally related.  
Dr. C. E. Gossine  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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. A. Noble* .....

Licensed Embalmer No. *2904* .....  
P. O. Address *New Hampton* .....

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.