

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045216
State File No.

FILED JAN 5 1959

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 278

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Moberly 0893
d. FULL NAME OF HOSPITAL OR INSTITUTION None 419 N. 5th		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 419 N 5th			
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) GRAVES	
c. (Last) GRAVES		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20-1958	
5. SEX F 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 23
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Armstrong Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jim Hoster		13b. MOTHER'S MAIDEN NAME not known	
14. NAME OF HUSBAND OR WIFE Roy Graves			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Keith Grant		ADDRESS 419 N 5th St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death apparently from natural causes - died in her sleep, according to relatives & undertaker attending -		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) in her sleep, according to relatives & undertaker attending -			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7954	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from during night Dec. 19, 1958 , that I last saw the deceased alive on Dec. 19, 1958 , and that death occurred at 10 p.m. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Registrar		23b. ADDRESS Moberly Mo.	
23c. DATE SIGNED 12-23-58			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 23-1958	
24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly Mo	
DATE REC'D BY LOCAL REG. 12-23-58		REGISTRAR'S SIGNATURE Reaue	
25. FUNERAL DIRECTOR'S SIGNATURE R. L. Barr		ADDRESS 417 N. 5th St.	

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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 *Robert L. Carr*

Licensed Embalmer No. *3190*

P. O. Address *417 N Fifth
Moberly Mo*

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.