

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009755

FILED VS MAR 22 1960

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 157

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Atchison											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in 1b 4 days		c. CITY OR TOWN Fairfax		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) SAMUEL WILLIAM GRAVES				4. DATE OF DEATH March 13, 1960											
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 7/10/1885		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY Own farm			11. BIRTHPLACE (City and state or country) Atchison County, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.						
13a. FATHER'S NAME John William Graves				13b. MOTHER'S MAIDEN NAME Rebecca Ann Angel				14. NAME OF HUSBAND OR WIFE Viva Graves							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No				16. SOCIAL SECURITY NO. 499-36-5696A				17. INFORMANT Mrs Viva Graves				Address Fairfax 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) Lobar pneumonia DUE TO (b) Cerebrovascular accident DUE TO (c) Arteriosclerotic Cardiovascular disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.		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 8/29/55 to 3/13/60 and last saw ^{her} him alive on 3/13/60 Death occurred at 11²⁵ a m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Ed Niedermeyer M.D. (Degree or title)						22b. ADDRESS Markio Mo.				22c. DATE SIGNED 3/14/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/15/1960		23c. NAME OF CEMETERY Pleasant Ridge				23d. LOCATION (City, town, or county) (State) Fairfax Missouri							
24. FUNERAL DIRECTOR Schooler Funeral Home Fairfax Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. Mar 18, 1960		26. REGISTRAR'S SIGNATURE Therese Schaefer							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Marvin H. Schaefer

Licensed Embalmer No. 4162
P. O. Address Fairfax Va

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.