

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035379

FILED VS SEP 26 1960

383

Primary Registration District No. 3037

Registrar's No. 85

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon, Mo.		c. CITY OR TOWN Mt. Vernon,	
Length of stay in lb 13 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 103 Roberts Drive		d. STREET ADDRESS (If outside, give location) 103 Roberts Drive	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Edith Middle Caroline Last Graves			4. DATE OF DEATH Month Sept. Day 19 Year 1960		
5. SEX Female	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 8-18-1919	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) medical secretary-housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Newton Islands, Mass. USA	
13a. FATHER'S NAME Alfred Stearns Pratt		13b. MOTHER'S MAIDEN NAME Carrie Spooner		14. NAME OF HUSBAND OR WIFE Arthur J. Graves, M.D.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Arthur J. Graves, M.D. Address Mt. Vernon,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema & Congestion		INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) C.N.S. Depression of Respiratory Center & Invol	Instant.
	DUE TO (c) Cerebral Edema	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. Alcoholism		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 checked="" type="checkbox"/> NO <input 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 Sept. 1947 to Jan 1957 and last saw her Aug 26 (now Prof.) 1960 live on Aug 26, 1960 . Death occurred at about 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fremeth Glover MD (Degree or title)		22b. ADDRESS Mt. Vernon, Mo	22c. DATE SIGNED 9/19/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9-21-1960	23c. NAME OF CEMETERY OR CREMATORY Orient Cemetery	23d. LOCATION (City, town, or county) Harrisonville Mo
24. FUNERAL DIRECTOR Max L. Fossett ADDRESS Mt. Vernon, Mo.		25. DATE RECD. BY LOCAL REG. 9-21-60	26. REGISTRARS SIGNATURE ML Fossett

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 Max L. Fouret

Licensed Embalmer No. 4252

P. O. Address McV...

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.