

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-005909

FILED VS MAR 1 1961 209

Registration District No. Primary Registration District No. 3043 Registrar's No. 63

STATE FILE NUMBER

AMENDED

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Marion</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Marion</b> |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Hannibal</b>               |  | Length of stay in 1b<br><b>13 wks</b>  | c. CITY OR TOWN <b>Hannibal</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>709 Birch St</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (if outside, give location)<br><b>709 Birch St</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>Donnie</b> Middle <b>Lloyd</b> Last <b>Graves</b> | 4. DATE OF DEATH<br>Month <b>2</b> Day <b>8</b> Year <b>1961</b> |
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|                    |                               |   |                                 |   |
|--------------------|-------------------------------|---|---------------------------------|---|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>11-6-60</b> | 9. AGE (last birthday)<br>IF UNDER 1 YEAR<br>Months <b>3</b> Days <b>7</b><br>IF UNDER 24 HR<br>Hours <b>7</b> Min. |
|--------------------|-------------------------------|---|---------------------------------|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Hannibal, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b> |
|---|-----------------------------------|--|---|

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|--|---|-----------------------------|
| 13a. FATHER'S NAME<br><b>William E. Graves</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Cullom</b> | 14. NAME OF HUSBAND OR WIFE |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>William E. Graves - Hannibal, Mo.</b> | Address |
|---|-------------------------|---|---------|

|   |            |                                  |
|---|------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Undetermined</b> |            | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) |                                  |
|   | DUE TO (c) |                                  |

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| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>Found dead in bed in morning.</b> |
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| 20c. TIME OF INJURY<br>Hour <b>6:00 A</b> 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<br><b>Hannibal</b> COUNTY STATE |
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| 21. I attended the deceased from <b>6:00 A</b> to _____ and last saw her/him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><b>Henry H. Sweet 9 MD Coroner</b> | 22b. ADDRESS<br><b>Hannibal</b> | 22c. DATE SIGNED<br><b>2/17/61</b> |
|--|---------------------------------|------------------------------------|

|  |                               |  |  |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>2-10-1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lick Creek Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Perry, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Clark Funeral Home - Hannibal, Mo.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>2/20/61</b> | 26. REGISTRAR'S SIGNATURE<br><b>H. E. M. Lucke by Lillian M. Norman</b> |
|---|---------|--|---|

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

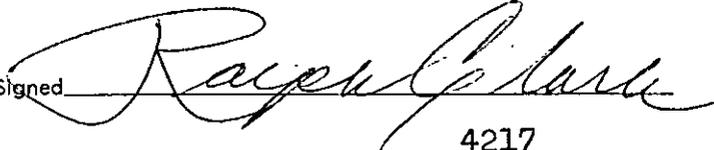
MEDICAL CERTIFICATION

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.