

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-008799
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1351

AMENDED

FILED APR 6 1961

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 5 months	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1912 Jackson Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1912 Jackson Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle R. Last GRAVES			4. DATE OF DEATH Month 3 Day 11 Year 1961			
5. SEX male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 6 16 1930	9. AGE (last birthday) 30 yrs	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Hospital Maintain's	11. BIRTHPLACE (City and state or country) Carthage Texas		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Sam Graves		13b. MOTHER'S MAIDEN NAME Jessie Raseberry Nancy Jackson		14. NAME OF HUSBAND OR WIFE _____		
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. _____	17. INFORMANT Henry Graves		Address Carthage Texas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) Internal Thoracic Hemorrhage						
DUE TO (c) Penetrating Gunshot Wound of Left Chest.						
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 2:10 a.m. _____ Month, Day, Year 3/11/61						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1912 Jackson	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo		COUNTY _____ STATE _____	
21. I attended the deceased from _____ to _____ and last saw him/her on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE L. M. Tillman			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 3/11/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3-16-1961	23c. NAME OF CEMETERY OR CREMATORY Carthage Cemetery		23d. LOCATION (City, town, or county) Carthage Texas		
24. FUNERAL DIRECTOR C. K. Kerford Funeral Home K, C. Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 3-16-61	26. REGISTRAR'S SIGNATURE Ruth Long		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
4-4-61

INSTEAD OF
Nancy Jackson

SHOULD READ
Jessie Raseberry

BY AFFIDAVIT OF Informant
L. M. Tillman

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 C. Kenneth Kerfoot

Licensed Embalmer No. 4437

P. O. Address H. C. Moore

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.