

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009508

STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5604 Registrar's No. 8

AMENDED

FILED APR 3 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montserrat Township</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Rural, KnobNoster</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>I mile due West, W.A.F.B</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rural, KnobNoster, Mo.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER THOMAS GRAVES</u>			4. DATE OF DEATH Month Day Year <u>March 24 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-25-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer,</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>general farming</u>	9. AGE (last birthday) <u>62</u>
11a. FATHER'S NAME <u>Thomas Graves,</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Columbia Heard</u>	11. BIRTHPLACE (City and state or country) <u>Johnson County, Missouri</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War #2</u>		16. SOCIAL SECURITY NO. <u>World War #2</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Graves,</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Columbia Heard</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
17. INFORMANT Address <u>Mr. Joseph Graves, KnobNoster, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Cardiac Failure,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
DUE TO (b) <u>Exposure</u>		?	
DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Outdoor exposure for some five or six days, Found dead, 3-24-61</u>		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 _____ a.m. _____ p.m. 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 _____	COUNTY _____	STATE _____
21. I attended the deceased from <u>Viewed Remains</u> to _____ and last saw ^{him} <u>alive</u> on <u>dead, 3-25-1961</u> Death occurred at <u>Unknown,</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>		22b. ADDRESS <u>Holden, Missouri.</u>	22c. DATE SIGNED <u>3-25-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-27-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cemetery, Johnson County, Missouri</u>	23d. LOCATION (City, town, or county) (State) _____
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/27/61</u>	26. REGISTRAR'S SIGNATURE <u>Lorne L. Beatty</u>	

APR 7 1967

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 PA Branninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.