SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-013089
STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 129

FILED MAY 8 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas Still Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City, Mo. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 314 E Dunklin — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ROSETTA Middle BENNETT Last GRAVES
4. DATE OF DEATH Month APRIL Day 30, Year 1961

5. SEX Female
6. COLOR OR RACE ~~White~~
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 1/15/90
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months 3 Days 15 — IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Logan Bennett
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Harvey Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service
17. INFORMANT Mary Lamkin Address J C 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) EXSANGUINATION — INTERVAL BETWEEN ONSET AND DEATH 5 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ESOPHAGEAL VARICES — 1 YR
DUE TO (c) PORTAL CRRHOSIS — UNK

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 March 5, 1958, to April 30, 1961 and last saw her/him alive on April 30, 1961
Death occurred at 11:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William A Ross D.O.
22b. ADDRESS 500 Lafayette Jeff. City, Mo
22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5/4/61
23c. NAME OF CEMETERY OR CREMATORY National Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.

24. FUNERAL DIRECTOR ADDRESS Sylvester Dulle J C Mo.
25. DATE RECD. BY LOCAL REG. 2 May 1961
26. REGISTRAR'S SIGNATURE R P Dorris Mo N Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — 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_____ Signed Sylvester Dulle

Signature of Student Embalmer

Licensed Embalmer No. 4321

P. O. Address Jefferson City

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.