

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033728

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 20 1961

1. PLACE OF DEATH

a. COUNTY Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN BridgesLength of stay in lb
74 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missoyrd COUNTY Ozark

c. CITY
OR
TOWN GainesvilleInside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION HomeInside Limits
Yes ☐ No ☒d. STREET
ADDRESS (If outside, give location)Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Richard

Wilburn Irvin Graves

4. DATE
OF
DEATH

Month

Day

Year

9

13

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-11-86

9. AGE (last birthday)

75

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Baxter Co. Arkansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jim Graves

13b. MOTHER'S MAIDEN NAME

Mary Gooden

14. NAME OF HUSBAND OR WIFE

Lena Anderson Graves

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.

486-30-5480

17. INFORMANT

Address

Lena Graves, Gainesville, 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)

Cardiac decompensation
Valvular heart disease

2 months

Single
childhoodConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

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 ☐ Unknown19. 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

1950

6:45p

and last saw her

9/10/61

Death occurred at on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M. J. Hoernow DO

22b. ADDRESS

Gainesville, Missouri

22c. DATE SIGNED

9-16-61

23a. BURIAL, CREATION, REMOVAL (Specify)

Burial

23b. DATE

9-17-61

23c. NAME OF CEMETERY OR CREMATORY

Mammoth

23d. LOCATION (City, town, or county)

Ozark Co. Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard, Gainesville, Mo. 9-16-61

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Thana Mahan

(Licensed Embalmer's Statement on Reverse Side)

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Camdenville

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.