

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009725

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED APR 10 1962

Primary Registration District No.

3000

Registrar's No.

100

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville,		Length of stay in lb 3 days	c. CITY OR TOWN Lancaster
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. Liberty
3. NAME OF DECEASED (Type or print) First Benjamin Middle David Last Graves		4. DATE OF DEATH Month March Day 30 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/12/1903
9. AGE (last birthday) 58 58		IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HR Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Schuyler
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME James David Graves	
13b. MOTHER'S MAIDEN NAME Sarah Frances Kerby		14. NAME OF HUSBAND OR WIFE Naomi Graves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 497-42-1873	17. INFORMANT Address Naomi Graves, Lancaster, 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) ACUTE COR PULMONALE MASSIVE RT. PLEURAL EFFUSION AND ACUTE L. PNEUMOTHORAX METASTATIC CARCINOMA OF R. BREAST ORIGIN INTO PLEURA - LUNG		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 2 1/2 days 1956	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANEMIA - Metastasis to CHEST WALL - ETC		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 11:30 a.m. P Month, Day, Year 3-28-62	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 3-28-62 to 3-30-62 and last saw him alive on 3-30-62	Death occurred at 11:30 P on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Paul Laughlin (Degree or title) D.O.	22b. ADDRESS KIRKVILLE, Mo	22c. DATE SIGNED 4-1-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/1/62	23c. NAME OF CEMETERY OR CREMATORY Arni Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Lancaster, Missouri
24. FUNERAL DIRECTOR Norman Funeral Home, ADDRESS Lancaster, Mo.	25. DATE RECD. BY LOCAL REG. 4-1-1962	26. REGISTRAR'S SIGNATURE Doris W. Rattiff	

Permit issued March 31, 1962

EARL BAUGHN, JR. D.O.

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 Steve E. Foster

Licensed Embalmer No. 4742
P. O. Address Suburban, 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.