

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2m

Registrar's No. 1731A

STATE FILE NUMBER

**FILED DEC 18 1962**

-62-045543

62-046543

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>   |  | Length of stay in 1b<br><b>2 hours</b>   | c. CITY OR TOWN <b>Springfield</b>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Prost. Hospital</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>2825 E. Park Drive</b>    |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Baby Boy</b> Middle <b>"B"</b> Last <b>GRAVEN</b>   |  | 4. DATE OF DEATH<br>Month <b>November</b> Day <b>20</b> , Year <b>1962</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>11-20-62</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>-----   | 9. AGE (last birthday)<br><b>0</b>  |
| 13a. FATHER'S NAME<br><b>Kerry Eldon Graven</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Elizabeth Griver</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Never married</b>                           |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Too Premature (birth wt = 1 lb. 11 oz.)</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 1/2 hrs.</b>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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)   |  |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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.)<br><b>7 1/2 am 11-20-62</b> | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>Springfield, Missouri</b>  |   |
| 21. I attended the deceased from <b>9:52 am 11-20-62</b> to <b>9 5/2 am 11-20-62</b> and last saw him alive on <b>11-20-62</b><br>Death occurred at <b>9:52 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Albert P. Simpson, M.D.</b>  |  | 22b. ADDRESS<br><b>5th Springfield, Mo.</b>  | 22c. DATE SIGNED<br><b>12-11-62</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>11-21-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Lawn Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Springfield, Missouri</b> |
| 24. FUNERAL DIRECTOR'S ADDRESS<br><b>Ralph Thieme, 1200 Boonville</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-12-62</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Effie S. Melton</b>                           |

USE BLACK INK OR TYPEWRITER RIBBON

Sent to Dr. Simpson  
November 21, 1962

RECEIVED

Permit 11-20-62

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 Harold Tutrell

Licensed Embalmer No. 5079

P. O. Address Spfld, 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.