

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7308

BIRTH NO. _____ REG. DIST. NO. B37 PRIMARY REG. DIST. NO. 4497 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Missouri</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence, Missouri</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home Graves</u>			d. STREET ADDRESS (If rural, give location) <u>Clarence, Missouri</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Malta</u>		b. (Middle) <u>-</u>	c. (Last) <u>Graves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-50</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-9-1893</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Monroe County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>P. F. Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Marvin Graves</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marvin Graves Clarence, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypert thyroidism</u>				<u>10 years</u>
	DUE TO (c) <u>Hypertension</u>				<u>10 years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epidemic Encephalitis</u>				<u>19 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2520</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 2, 1946</u> , to <u>Feb. 25, 1950</u> , that I last saw the deceased alive on <u>Feb. 25, 1950</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>B. L. Edrington D.O.</u>			23b. ADDRESS <u>Clarence, Mo.</u>		23c. DATE SIGNED <u>3/1/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Manlewood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarence, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 4-1950</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Million & Barkeley Clarence, Mo.</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

520
/

RECEIVED MAR 7
District Health Officer
District File Number 2-50
Date Filed MAR 7

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 _____
Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4498

P. O. Address Shelburne, ma

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 this body is not embalmed, fact should be so stated above.