

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9118

BIRTH NO.		REG. DIST. NO. <u>166</u>		PRIMARY REG. DIST. NO. <u>4254</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u>		c. LENGTH OF STAY (In this place) <u>88 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u>		0510		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knob Noster</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Graves</u> c. (Last) <u>Graves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1951</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 15, 1848</u>		
9. AGE (In years last birthday) <u>102</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>South Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Franklin Knob Noster Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chor Valvular Disease</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/> 4214						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>					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>Knob Noster Johnson Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Jan 1, 1951</u> , to <u>May 7, 1951</u> ; that I last saw the deceased alive on <u>May 4, 1951</u> , and that death occurred at <u>7:45</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>G. W. Kravitz D. M. D.</u>				23b. ADDRESS <u>Knob Noster Mo</u>		23c. DATE SIGNED <u>Mar 7/1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knob Noster; Missouri</u>		
DATE REC'D BY LOCAL REG. <u>March 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Emma L. Beatty</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Raymond Baker Knob Noster Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 13 1951
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W. Raymond Baker

Signed.....
Student Embalmer

Licensed Embalmer No. *4616*

P. O. Address *Quincy, 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 this body is not embalmed, fact should be so stated above.