

FILED JUL 2 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21847**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 111

62

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McPain, Mo</u>	
c. LENGTH OF STAY (in this place) <u>6 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 W. Pee.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u>		b. (Middle) <u>Mary</u>		c. (Last) <u>Graves</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-19-51</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>Jan 29, 1909</u>		9. AGE (In years last birthday) <u>42</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>0</u> IF UNDER 1 WEEK Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Walter Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Maxwell</u>		14. NAME OF HUSBAND OR WIFE <u>Harvey S. Graves</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey S. Graves, McPain, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harvey S. Graves, McPain, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs +</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None known</u>			
		DUE TO (c) <u>None known</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known 171x</u>			

19a. DATE OF OPERATION <u>about 2 yrs ago</u>		19b. MAJOR FINDINGS OF OPERATION <u>Uterus removed, about two yrs ago. Dont know the poss. diagnosis report on the removed tissue</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Nevada - Vernon - Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 18, 1951, to June 18, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 3:24 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.S. Graves</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Nevada, Mo</u>		23c. DATE SIGNED <u>June 20/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>6-23-1951</u>		REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u>		451		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geisinger Funeral Home</u>		ADDRESS <u>Nevada Mo.</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 26 1951

Dist. File 657-1383

Date Filed 6-28-51

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.....
Student Embalmer

Signed Marcel Beckinger

Licensed Embalmer No. 2656

P. O. Address Spvada 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.