

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28912

State File No. _____

FILED AUG 20 1952

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5879 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Osage</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY OR TOWN <u>Rural. Benton Twp</u>	c. LENGTH OF STAY (in this place) <u>township</u>	c. CITY OR TOWN <u>Marshfield Route # 4 1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Lee</u> c. (Last) <u>Graves</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1952</u>		
--	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Jul 10, 1934</u>		9. AGE (in years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>2</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 <u>Building Silos</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield, Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
---	--	--	--	--	--	--	--

13a. FATHER'S NAME <u>Thad E. Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Montgomery</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
---	--	---	--	---	--	--	--

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>499-36-6782</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thad E. Graves, Marshfield, Mo.</u>			
---	--	---	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Osage Missouri</u>	
---	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 12/52 = 5^{PM}</u>				21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck Accident on Highway</u>	
---	--	--	--	---	--	--	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Box 255, Linn, Mo.</u>		23c. DATE SIGNED <u>8/13/52</u>	
---	--	---	--	------------------------------------	--

24a. BEFORE REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>		24d. LOCATION (City, town, or county) (State) <u>Marshfield, Mo.</u>	
---	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. <u>8-19-52</u>		REGISTRAR'S SIGNATURE <u>Anna Moran</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Norton Linn Mo</u>	
--	--	--	--	---	--

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

160
3

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 Vernon M. Morton

Licensed Embalmer No. 425

P. O. Address Price 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.