S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38457

FILED NOV 19 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 96

451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (in this place) 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) S. Park St. N. Addition

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette 0451
d. STREET ADDRESS (If rural, give location) S. Park St. New Addition 0

3. NAME OF DECEASED (Type or Print) a. (First) Belle b. (Middle) Ashcraft c. (Last) Graves

4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1952

5. SEX Female 3
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 4, 1882
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 3 Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Howard Co. Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Ashcraft
13b. MOTHER'S MAIDEN NAME Mary Kingsbury
14. NAME OF HUSBAND OR WIFE Thomas Edward Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Farris & Harris Graves Fayette, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. myocarditis c̄ — INTERVAL BETWEEN ONSET AND DEATH June 1952

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Decompensation
DUE TO (c) Terminal Pneumonia

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 4222
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1952, *to* Nov 5, 1952, *that I last saw the deceased alive on* Nov 5, 1952 *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M Lieb Md
23b. ADDRESS Fayette, Mo
23c. DATE SIGNED 11/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 11/7/52
24c. NAME OF CEMETERY OR CREMATORY City Cemetery
24d. LOCATION (City, town, or county) Fayette (State) Missouri

DATE REC'D BY LOCAL REG. 11-10-52
REGISTRAR'S SIGNATURE Mary K. Shell 456
25. FUNERAL DIRECTOR'S SIGNATURE Ralph A Carr ADDRESS Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.