

STANDARD CERTIFICATE OF DEATH

State File No. **2241**

BIRTH (NO.) **5110 FEB 14 1953** REG. DIST. NO. **213** PRIMARY REG. DIST. NO. **5781** Registrar's No. **153**

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ulman, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ulman 8660	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			
3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Elizabeth c. (Last) Graves		4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 1, 1870
9. AGE (in years last birthday) 82		10. MONTH 11	10. DAY 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri
11. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME J. S. Wolverton		13b. MOTHER'S MAIDEN NAME Ruth Carter	14. NAME OF HUSBAND OR WIFE Alfred Graves
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter Graves ADDRESS Ulman, Missouri
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycarditis Chronic ANTECEDENT CAUSES Excision of Sigmoid Rectum DUE TO (b) Excision of Sigmoid Rectum DUE TO (c) Excision of Sigmoid Rectum 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 154 X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 1946 to Jan 1953 , that I last saw the deceased alive on Jan 3, 1953 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. E. Humphrey, D.O.		23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 1-8-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 7, 1953	24c. NAME OF CEMETERY OR CREMATORY Gott Cemetery	24d. LOCATION (City, town, or county) (State) Ulman Missouri Rural
DATE REC'D BY LOCAL REG. Jan. 11, 1953	REGISTRAR'S SIGNATURE Mrs. C. R. Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home ADDRESS Iberia, Mo	

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

2660
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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 _____

Walter F. Ridges

Licensed Embalmer No. _____

4265

P. O. Address _____

Heard, 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.