

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **773**

0212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Boonville</b>		c. CITY OR TOWN <b>Boonville</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 week</b>		e. STREET ADDRESS (If rural, give location) <b>711 Sixth St. 02750</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>		b. (Middle) <b>Graves</b>	
c. (Last) <b>Anderson.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 2 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 22 1885</b>
9. AGE (In years) (Month) (Day) <b>70</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline Co., Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Edward Graves</b>	
13b. MOTHER'S MAIDEN NAME <b>Mollie Cordry</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Anderson.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Ernest Anderson, Boonville, Mo.</b>		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> ANTECEDENT CAUSES <b>Hypertensive - arteriosclerotic cardiovascular disease</b> 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.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>		+ <b>5 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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)	
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 <b>1-29-55</b> , 19____, to <b>2-2-56</b> , 19____, that I last saw the deceased alive on <b>2-2-56</b> , 19____, and that death occurred at <b>3:00 p</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>B. M. Stuart, M.D.</b>		23b. ADDRESS <b>329 Main, Boonville, MO</b>	
23c. DATE SIGNED <b>2-4-56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Feb. 4 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Boonville, Missouri.</b>		DATE REC'D BY LOCAL REG. <b>2/4/56</b>	
REGISTRAR'S SIGNATURE <b>W. Hooper 381</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>	
ADDRESS _____		ADDRESS _____	

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

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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.....  
Signature of Student Embalmer

Signed *E. F. Boller*

Licensed Embalmer No. *306*  
P. O. Address *Brooklyn*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.