

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12268

BIRTH NO.		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 5037	Registrar's No. 66
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Sangamon		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Saltriver		c. LENGTH OF STAY (In this place) 1 day	c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#1, Mexico, Mo.		e. STREET ADDRESS (If rural, give location) 1212 Centre St. 0040		
3. NAME OF DECEASED (Type or Print) a. (First) Hubbard b. (Middle) Royal c. (Last) Graves			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1900	9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Division Superintendent		10b. KIND OF BUSINESS OR INDUSTRY Pipe line	11. BIRTHPLACE (City and State or Foreign Country) Vermont	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harry Morris Graves		13b. MOTHER'S MAIDEN NAME Alice E. Jenks	14. NAME OF HUSBAND OR WIFE Amelia Graves	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-10-4046	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Amelia Graves Springfield, Illinois	
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 JURY Verdict, by accident by carbon monoxide gas poison from his own car which he was manipulating at the time of death in a closed garage, according to the evidence given to us. We believe he was in an intoxicated condition at the time of his death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Air-Port Hotel	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Saltriver, Audrain, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 8, 56, 12 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Coroners Case, 1956, that I last saw the deceased alive on April 8, 1956, and that death occurred at 12 P.M. from the causes and on the date stated above.				
23a. SIGNATURE S. C. Adams M.D. Coroner		23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED April 9, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 9, 56	24c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial Park	24d. LOCATION (City, town, or county) (State) Springfield, Illinois	
DATE REC'D BY LOCAL REG. April 9-1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prest-Huston Funeral Home, Mexico, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1957

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 *Ralph L. Pluerton*.....
Licensed Embalmer No. *48*.....

P. O. Address *Mex*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.