

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16200

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3025</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWELL 0461</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>WEST PLAINS, MISSOURI</u>		c. LENGTH OF STAY (in this place) <u>35 yrs</u>		c. CITY OR TOWN <u>WEST PLAINS</u>		d. 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 <u>X</u>				e. STREET ADDRESS (If rural, give location) <u>1264 Aldridge Str.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY JANE</u> b. (Middle) <u>GRAVES</u> c. (Last) <u>GRAVES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-17-56</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>10-12-1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>THEBES, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>SAMUEL GEER</u>			13b. MOTHER'S MAIDEN NAME <u>MALISSA THOMAS</u>		14. NAME OF HUSBAND OR WIFE <u>CHAS. GRAVES</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>YES</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACKIE GARRETT, BELTON, MO</u>			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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>15 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probable Rupture Aneurysm Aorta</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension Essential</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>451x</u>				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) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 <u>July 19, 1954</u> , to <u>May 21, 1956</u> , that I last saw the deceased alive on <u>May 21, 1956</u> , and that death occurred <u>3-30m</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Beatrice Cook</u> (Degree or title) _____			23b. ADDRESS <u>West Plains, Mo</u>			23c. DATE SIGNED <u>5-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>5-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Howell Valley</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-23-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertsons</u> ADDRESS <u>West Plains, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

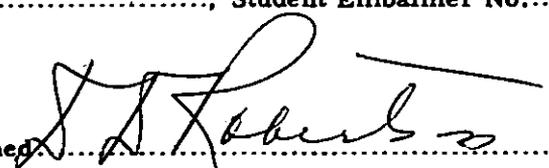
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.4879
0

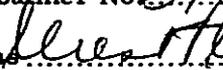
STATEMENT BY LICENSED EMBALMER

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: .....

Licensed Embalmer No. 34

P. O. Address 

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.