

FILED MAR 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5819

BIRTH NO. 8697-57 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood, Mo	c. LENGTH OF STAY (in this place) 10 hours	c. CITY OR TOWN 0860 0	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION U. S. ARMY HOSPITAL		e. STREET ADDRESS (If rural, give location) FT LEONARD WOOD, MISSOURI	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John	b. (Middle) THEODORE	c. (Last) GRAVES	Feb.	24	1957

5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 24 Feb 1957	9. AGE (In years last birthday) 0	# UNDER 1 YEAR 0	# UNDER 24 HRS. 0	10. Hours 10	11. Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) U. S. A. Hospital Ft. Leonard Wood, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles D. Graves	13b. MOTHER'S MAIDEN NAME Shirley A. SCROGGINS	14. NAME OF HUSBAND OR WIFE Infant Not Married
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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. Infant	17. INFORMANT'S SIGNATURE OR NAME Robert A. Daniel	ADDRESS U.S.A.M. FT. LEONARD WOOD
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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) ANOXIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) IMMATURITY 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
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 7625
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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?
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22. I hereby certify that I attended the deceased from 24 Feb, 1957, to 24 Feb, 1957, that I last saw the deceased alive on 24 Feb, 1957, and that death occurred at 2:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE James B. White, Capt MC	(Degree or title)	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 25 Feb 57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-25-57	24c. NAME OF CEMETERY OR CREMATORY Stage II Cemetery	24d. LOCATION (City, town, or county) (State) Boliver (RURAL) MO
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DATE REC'D BY LOCAL REG. 2-25-57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home	ADDRESS DAYTONVILLE - MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4580

RECEIVED 3-2-57
Pulaski County Health Officer
File Number 22
Date Filed 2-25-57

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 *Not Embalmed*
Clarence Moore
Licensed Embalmer No. 4896

P. O. Address *Waynesville*

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.