Health,
& Welfare
Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12250
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 405

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph, Washington Twsp — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt #1 — Length of stay in 1b: 65yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph, 0110 0 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt #1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: H. Last: Graves

4. DATE OF DEATH Month Day Year: April 11, 1957

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH: Aug. 2, 1891

9. AGE (In years last birthday): 65 — 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): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Armour & Company

11. BIRTHPLACE (City and state or country): St. Joseph Mo 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Graves

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 500-07-6633

17. INFORMANT Address: Mrs. Paul Osteen St. Joseph, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Unk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Generalized Arteriosclerosis — Unk.

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Bronchial Asthma 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/12/55, to 4/11/57 and last saw ~~xxx~~ him alive on 4/10/57. Death occurred at 11:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Collis Ramsey MD 0

22b. ADDRESS: Social Welfare Board, 10th & Olive, Patee Hall, St. Joseph, Missouri

22c. DATE SIGNED: 4/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/13/57

23c. NAME OF CEMETERY OR CREMATORY: Odd fellows Public

23d. LOCATION (City, town, or county) (State): St. Joseph, Mo

24. FUNERAL DIRECTOR: John E. Rupp — ADDRESS: St. Joseph, Mo

25. DATE RECD. BY LOCAL REG.: April 16, 1957

26. REGISTRAR'S SIGNATURE: Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

4853
10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 398

P. O. Addr...

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