

FILED SEP 11 1957

STANDARD CERTIFICATE OF DEATH

28091

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Princeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright's Memorial			Length of stay in lb 1 wk.		d. STREET ADDRESS South Morgan Twp. (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Evelyn Lavona Graves			4. DATE OF DEATH August 26 1957 Month Day Year		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-6-1892	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (City and state or country) Goshen, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Jackson Eberhart			14. MOTHER'S MAIDEN NAME Neoma Minter		
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. none	17. INFORMANT Address Jake B. Graves Princeton, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic and Uraemic coma. Appropriate I V. fluids with insulin, brought to her blood sugar down to 96. Immediately developed high albumin in the urine and died at 3pm Aug. 26 DUE TO (b) Circulatory collapse. DUE TO (c) Circulatory collapse. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 260X					INTERVAL BETWEEN ONSET AND DEATH Aug. 19 - Aug. 26
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan. 11 1955, to Aug. 26-57 and last saw her alive on Aug 26 Death occurred at P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) O. S. Bristow MD			22b. ADDRESS Princeton, Mo		22c. DATE SIGNED 8/27/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-29-1957	23c. NAME OF CEMETERY OR CREMATORY Goshen		23d. LOCATION (City, town, or county) Goshen Missouri	
24. FUNERAL DIRECTOR ADDRESS Martin Funeral Home-Princeton, Mo.			25. DATE RECD. BY LOCAL REG. 8/29/57		26. REGISTRAR'S SIGNATURE Irene Jaw

by Grace M. Martin (Licensed Embolmer's Statement on Reverse Side)

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 *Anna L. Green*.....

Licensed Embalmer No. *38*

P. O. Address *London*

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.