

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

40352
STATE FILE NUMBER
5268

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
ev. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

P.A. Kienberger
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hospital		Length of stay in lb 41 yrs		d. STREET ADDRESS 132 No Belmont		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First DAVID Middle ELIAS Last HAINES GRAVES				4. DATE OF DEATH Month November Day 8 Year 1957			
5. SEX Male	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 April 13 1895	9. AGE (In years last birthday) 62	FUNDER 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) Retired			10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant	11. BIRTHPLACE (City and state or country) Carrollton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Graves			13b. MOTHER'S MAIDEN NAME Mattie Frazier		14. NAME OF HUSBAND OR WIFE Grace Graves		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 487-09-4214	17. INFORMANT Address Mrs Grace Graves 132 No Belmont K C 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) Acute Right Heart Failure DUE TO (b) Empyema + Acute Tracheo-bronchitis + Empyema DUE TO (c) Carcinoma of Lung. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal Ulcer							INTERVAL BETWEEN ONSET AND DEATH Sudden 5 weeks 5 weeks.
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 <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 May-1948 to 11-8-57 and last saw him alive on 11-7-57 Death occurred at 300 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Kienberger MD				22b. ADDRESS 5246 St John		22c. DATE SIGNED 11/8/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/11/57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) Kansas City Missouri		
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo			25. DATE RECD. BY LOCAL REG. 11-9-57	26. REGISTRAR'S SIGNATURE Reva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

Missouri

Missouri

Kansas

X

Kansas City

X

Kansas City

X

132 No Belmont

St Joseph's Hospital 41 yrs

November 8 1927

DAVID

DAVID

62

April 13 1927

X

White

Male

USA

Carrollton Missouri

Chevrolet Plant

Retired

Grace Graves

Lattie Fraser

Harry Graves

132 No Belmont K C Mo

487-09-4514

W M I

Yes

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 John P. ...

Licensed Embalmer No. 4531

P. O. Address Kansas City

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.

Special Funeral Home Kansas City Mo