

FILED DEC 30 1957

STANDARD CERTIFICATE OF DEATH

47045
STATE FILE NUMBER

Registration District No. 357 Primary Registration District No. 4577 Registrar's No. 104

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stone			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Reeds Spring		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Community			Length of stay in lb 3 days		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) James Edgar Graves				4. DATE OF DEATH Dec. 14 - 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 Oct 20 - 1890		9. AGE (In years last birthday) 67 -	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Gainesville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas J. Graves			13b. MOTHER'S MAIDEN NAME Martha Webb		14. NAME OF HUSBAND OR WIFE Clemmie Graves		
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. 497-12-6492		17. INFORMANT Mrs. Clemmie Graves - Reeds Spring 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) Uremia							INTERVAL BETWEEN ONSET AND DEATH 2-4 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis cardiovascular renal disease 5 yrs.							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 442X				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 12-12-57 to 12-14-57 and last saw her alive on 12-14-57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. D. Bennett M.D.				22b. ADDRESS Branson, Mo.		22c. DATE SIGNED 12-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 18 - 57	23c. NAME OF CEMETERY OR CREMATORY Cape Fair, Mo.		23d. LOCATION (City, town, or county) (State) Cape Fair, Mo.		
24. FUNERAL DIRECTOR Everett S. Cheatham, Galeman, Mo.				25. DATE RECD. BY LOCAL REG. 12-21-57		26. REGISTRAR'S SIGNATURE Heleen Campbell	

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Ereth J. Cheatham*

Licensed Embalmer No. *3872*

P. O. Address *Halena, Mo*

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.