

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002405

FILED VS FEB 8 1960 179

Registration District No. Primary Registration District No. 5667 Registrar's No. 15

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford (Township)</b>		Length of stay in 1b <b>2 da.</b>		c. CITY OR TOWN <b>Troy</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>600 Cap-au-Gris</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MATTIE</b> Middle <b>GRAVENS</b> Last <b>GRAVENS</b>				4. DATE OF DEATH Month <b>Jan</b> Day <b>29</b> Year <b>1960</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Aug. 9, 1871</b>		9. AGE (last birthday) <b>88</b> IF UNDER 1 YEAR IF UNDER 24 HR Months <b>7</b> Days <b>20</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Forestell MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Thomas Carl</b>			13b. MOTHER'S MAIDEN NAME <b>VanBibber</b>			14. NAME OF HUSBAND OR WIFE <b>Eugene Gravens</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs J.W. McAllister 4540 Rusk ST. Houston Texas</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>Senility</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>		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 <b>2/4/60</b> to <b>Jan. 29, 1960</b> and last saw her <b>Jan. 29/60</b> alive on <b>Jan. 29/60</b> Death occurred at <b>Jan 29-60</b> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Charles W. W...</b>					22b. ADDRESS <b>Troy MO</b>		22c. DATE SIGNED <b>2/2/60</b> (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 1, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Thornhill Cemetery</b>		23d. LOCATION (City, town, or county) <b>Lincoln County MO.</b>			
24. FUNERAL DIRECTOR <b>D.W. McCoy Troy MO.</b>				25. DATE RECD. BY LOCAL REG. <b>2-3-1960</b>		26. REGISTRAR'S SIGNATURE <b>Charlotte Seek</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS  
NOV 28 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*D. W. McEay*

Licensed Embalmer No. 3586

P. O. Address Jay 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.