URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-018425

STATE FILE NUMBER

FILED VS JUN 13 1960 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 642

IENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b: 38yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1112 So 16th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Vernon Middle V Last Graves
4. DATE OF DEATH: Month June Day 3 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct. 14, 1893
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (City and state or country): Nodaway Co, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unk
13b. MOTHER'S MAIDEN NAME: Minnie Timmons
14. NAME OF HUSBAND OR WIFE: none
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.:
17. INFORMANT Address: Martha Glenn St. Joseph, 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 lymphatic leukemia — INTERVAL BETWEEN ONSET AND DEATH: Wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Recurrent Bronchial Asthma
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 11-26-56, to 6/3/60 and last saw her/him alive on 6-3-60
Death occurred at 8:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W Kieber M.D.
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 6-6-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6/6/60
23c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery
23d. LOCATION (City, town, or county) Clarksdale, Mo (State)

24. FUNERAL DIRECTOR John E Kupp
ADDRESS St. Joeph, Mo
25. DATE RECD. BY LOCAL REG. June 9, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF R.W. Kieber, M.D. — MEDICAL CERTIFICATION — DOCUMENT

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 John E. Rupp

Licensed Embalmer No. 398

P. O. Address St. Joseph, M

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