

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027225

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 504

FILED JUL 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10109

20109

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
 a. COUNTY Boone
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b Hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hosp. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri COUNTY Boone
 c. CITY OR TOWN Columbia Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1308 Indiana Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) Theodore R. Graves First Middle Last
 4. DATE OF DEATH July 19 63 Month Day Year

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH May 25 06/ 57 9. AGE (last birthday) 1 24 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Construction 11. BIRTHPLACE (City and state or country) Columbia, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Graves 13b. MOTHER'S MAIDEN NAME Susie Miller 14. NAME OF HUSBAND OR WIFE Mrs. Orentha D. Graves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. 16. SOCIAL SECURITY NO. no. 17. INFORMANT Mrs. Orentha D. Graves, Columbia, Mo. Address

18. CAUSE OF DEATH (Enter only one cause of death)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac arrest
 DUE TO (b) Arteriosclerotic Heart Disease
 DUE TO (c) indef.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 INTERVAL BETWEEN ONSET AND DEATH 5 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a) Myocardial infarction 1962
 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 5:25 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 Feb. 21, 1962 to July 19, 1963 and last saw him alive on July 19, 1963
 Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree title) James Drummond MD 22b. ADDRESS 1009 Cherry Columbia Mo 22c. DATE SIGNED 7-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 23/63 23c. NAME OF CEMETERY OR CREMATORY Calvary Memorial Cemetery 23d. LOCATION (City, town, or county) (State) Columbia, Missouri

24. FUNERAL DIRECTOR Georget Brown ADDRESS 20th St 25. DATE RECD. BY LOCAL REG. July 22 1963 26. REGISTRAR'S SIGNATURE Mrs RE Palmer

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1963

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 George H. Green

Licensed Embalmer No. 2-4270

P. O. Address Dutton, Miss

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.