

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26526**

FILED SEP 9 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **5377** Registrar's No. **41**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairport</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fairport</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>HOME</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Hiram</b> b. (Middle) <b>William</b> c. (Last) <b>Graham</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug, 28 49</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July, 27, 1889</b>	9. AGE (In years last birthday) <b>90</b>	10. MONTH <b>1</b> 11. DAYS <b>1</b> 12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>DeKalb Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Oliver Graham</b>	13b. MOTHER'S MAIDEN NAME <b>Malandia Dakan</b>	14. NAME OF HUSBAND, OR WIFE <b>Francis Graham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Briaco Burnham</b> ADDRESS <b>Fairport, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senility</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June, 1943**, to **August 28, 1949**, that I last saw the deceased alive on **August 29, 1949**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold Fowler M.D. Mayaville, Mo</b>	23b. ADDRESS	23c. DATE SIGNED <b>8-29-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-31-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woods</b>	24d. LOCATION (City, town, or county) (State) <b>Fairport Mo, Country,</b>
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DATE REC'D BY LOCAL REG. <b>8-31-49</b>	REGISTRAR'S SIGNATURE <b>Rowe Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Brown</b> ADDRESS <b>Mayaville Mo.</b>
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NOV 29 1955

**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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed John Brown

Licensed Embalmer No. 3933

P. O. Address Mayaville 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 this body is not embalmed, fact should be so stated above.