No. 300
10.48

FILED SEP 26 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

29898

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 852

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

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: GREENE<br>b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield<br>c. LENGTH OF STAY (in this place): 5 days<br>d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burge Hospital | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE: Missouri<br>b. COUNTY: Greene<br>c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield<br>d. STREET ADDRESS (If rural, give location): 1047 W. Madison |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First): Ollie | b. (Middle): Luella | c. (Last): Graham | 4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1949 |
| 5. SEX: F. | 6. COLOR OR RACE: W. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 4-16-1888 | 9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSWIFE | 10b. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Missouri | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME: Monroe Barnett | 13b. MOTHER'S MAIDEN NAME: Pearson | 14. NAME OF HUSBAND OR WIFE: George Emerson Graham | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: NO | 17. INFORMANT'S SIGNATURE OR NAME: Geo. E. Graham | ADDRESS | |

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, asthenia, 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) | Cerebral Thrombosis | |
| ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Generalized Arteriosclerosis | |
| DUE TO (c) | | 4 201 |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Myocardial Insufficiency | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒ |
| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR? |

22. *I hereby certify that I attended the deceased from* March, 1948, *to* Sept 22, 1949, *that I last saw the deceased alive on* Sept 22, 1949, *and that death occurred at* 7:35 *a.m., from the causes and on the date stated above.*

| | | | |
|---|---|---|---|
| 23a. SIGNATURE: J. M. Klingner | (Degree or title): M.D. | 23b. ADDRESS: Springfield, Mo. | 23c. DATE SIGNED: 23 Sept. 49 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: 9-24-49 | 24c. NAME OF CEMETERY OR CREMATORY: Foral Hills | 24d. LOCATION (City, town, or county) (State): Kansas City, Mo. |
| DATE REC'D BY LOCAL REG.: 9-23-49 | REGISTRAR'S SIGNATURE: W. E. Handley | 25. FUNERAL DIRECTOR'S SIGNATURE: J. W. Klingner & Co. | ADDRESS: Spgfd. |

(Accepted Clinic Date of Statement on Reverse Side)

## 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 .....
Student Embalmer

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.