

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34271

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>James</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Graham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 / 20 / 49</b>
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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>May 31, 1973</b>	9. AGE (In years last birthday) <b>76</b>	10. UNDER 1 YEAR Months <b>4</b> Days <b>20</b>	11. UNDER 1 MRS. Hours <b>0</b> Min. <b>0</b>
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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>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Carroll Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Geo. W. Graham</b>	13b. MOTHER'S MAIDEN NAME <b>Minerva Stator</b>	14. NAME OF HUSBAND OR WIFE <b>Florence Graham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Florence Graham</b> ADDRESS <b>Lexington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>39 IX</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	II. OTHER SIGNIFICANT CONDITIONS <b>Chronic Myo Carditis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <input type="checkbox"/> WORK 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 **19 Oct**, 1949, to **20 Oct**, 1949, that I last saw the deceased alive on **19 Oct**, 1949, and that death occurred at **11:30 A.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John Ward M.D.</b>	23b. ADDRESS <b>Lexington Mo</b>	23c. DATE SIGNED <b>10/20/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/22/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maahpelah</b>	24d. LOCATION (City, town, or county) (State) <b>Lexington, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10/29/49</b>	REGISTRAR'S SIGNATURE <b>Thomas E. Embrey</b>	FUNERAL DIRECTOR'S SIGNATURE <b>15025 Funeral Director's Signature</b> ADDRESS <b>Lex., Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 9

District Health Officer No. 8,

District File Number

Date Filed

11-9-49

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

*Geo. McKean*

Licensed Embalmer No.

2983

P. O. Address

*Washington 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.