

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40804

FILED JAN 3 1950

State File No. 1150

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>DADE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>EVERTON</b>	
c. LENGTH OF STAY (In this place) <b>18 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) <b>JOSEPH M. GRAHAM</b>	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH <b>DECEMBER 25, 1949</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>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEBRUARY 29, 1908</b>	9. AGE (In years last birthday) <b>41</b>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 2 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>ASH GROVE, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ELISHA FIDEIA GRAHAM</b>	13b. MOTHER'S MAIDEN NAME <b>LIZA MYERS</b>	14. NAME OF HUSBAND OR WIFE <b>(NEVER MARRIED)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR TWO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA RECORDS VA HOSPITAL, SPRINGFIELD, MISSOURI</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignancy, generalized, type undetermined.</b>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> 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.	<b>1998</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <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) (Min.) _____	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 <sup>VA</sup> attended the deceased from **DECEMBER 7, 1949**, to **DECEMBER 25, 1949**, that ~~the death occurred~~ ~~on~~ ~~at~~ ~~10:30am.~~, and that death occurred at **10:30am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Paul L. Ristite</b> Chief of _____ (Degree or title)	23b. ADDRESS <b>VA HOSPITAL SPRINGFIELD, MISSOURI</b>	23c. DATE SIGNED <b>12-26-49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/26/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ash Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ash Grove, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-27-49</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman Schaefer</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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**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.

Signed Lewis Schaeff .....

Signed .....  
Student Embalmer

Licensed Embalmer No. 3802 .....

P. O. Address Springfield, Ill. .....

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.