

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26875**
 Registrar's No. **3488**

FILED SEP 2 1950

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln	
c. LENGTH OF STAY (in this place) 2 mo.		d. STREET ADDRESS (If rural, give location) 505 Delaware	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) M. c. (Last) Graham			4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 22, 1899
9. AGE (In years last birthday) -50- 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Colorado
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Stubbs		13b. MOTHER'S MAIDEN NAME Stella Ganger	14. NAME OF HUSBAND OR WIFE Samuel F. Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Judge Harry Gambrel 815 W. 53, K. C. Mo.
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA METASTATIC LUNGS & ABDOMEN ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA LEFT BREAST 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 Carcinoma left breast. Abdominal carcinomatosis	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 26, 1949 to 8-12, 1950 , that I last saw the deceased alive on 8-12, 1950 and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Walter Cummins M.D.		23b. ADDRESS 1612 Professional Bldg.	23c. DATE SIGNED 8/14-50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial (1)	24b. DATE 8-16-50	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 8-15-50		REGISTRAR'S SIGNATURE Geraldine Holman	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO.	

FEB 27 1951

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 *S J Allen*

Licensed Embalmer No. 1415

P. O. Address H. Chas

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 26875-30
Local Registrar's No. 3488

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 8th day of September, 1950, before me appears.....

Harry M. Gambrel, who, upon his oath, states that the original record of ~~BOOK~~

for Mrs. Christine M. Graham died August 12, 1950, in the State of
Missouri, and which was filed at Kansas City on 8-14, 1950, should be corrected as follows:

Item No. 8 should read July 22, 1899

Instead of July 21, 1900

Item No. 9 should read 51

Instead of 50

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Harry M. Gambrel
Affiant Bro-in-law
Relationship.

101 West 11th St K.C. Mo.
Present Address.

Subscribed and sworn to before me this 8th day of September, 1950.

My Commission expires April 9, 1952

Myrtle E. Cash
Notary Public.