

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4032

State File No.

FILED FEB 25 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 8117	
c. LENGTH OF STAY (in this place) 18 yrs.		d. STREET ADDRESS (If rural, give location) 623 Harmon Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 623 Harmon Street			

3. NAME OF DECEASED (Type or Print) a. (First) Jane	b. (Middle) P.	c. (Last) Graham	4. DATE OF DEATH (Month) (Day) (Year) February 16, 1952.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 10, 1862	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Indiana.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Winter	13b. MOTHER'S MAIDEN NAME Mulvania Nicely	14. NAME OF HUSBAND OR WIFE Alva E. Graham
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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) No *****	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. C. Linnell	ADDRESS St. Joseph, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver (primary undetected)		
	ANTECEDENT CAUSES Morbidity 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. Myocardial degeneration; Hypertension 8-10 years			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 15625	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 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 Oct 27, 1951, to Feb 16, 1952, that I last saw the deceased alive on Feb 14, 1952 and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chloe Beggins M.D.	23b. ADDRESS 1302 Faram St St Joseph	23c. DATE SIGNED 2-19-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Febr. 18, 1952.	24c. NAME OF CEMETERY OR CREMATORY Almena, Cemetery	24d. LOCATION (City, town, or county) (State) Almena, Kansas.
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DATE REC'D BY LOCAL REG. Feb 21, 1952	REGISTRAR'S SIGNATURE Carl C. Casper	446	25. FUNERAL DIRECTOR'S SIGNATURE Walter Pfeiffer	ADDRESS St. Joseph, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.*****

Signed *Albert C. Harrington*

Signed*****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.