

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7964

State File No.

FILED MAR 23 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry	
d. FULL NAME OF HOSPITAL OR INSTITUTION N. Alanthus Avenue		d. STREET ADDRESS N. Alanthus Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Ira b. (Middle) Elsworth c. (Last) Graham			4. DATE OF DEATH (Month) (Day) (Year) Mar 17 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 25 1886	9. AGE (In years last birthday) 66 If under 1 year: Months _____ Days _____ If under 2 wks: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Harrison Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A

13a. FATHER'S NAME James Graham	13b. MOTHER'S MAIDEN NAME Mary Weathers	14. NAME OF HUSBAND OR WIFE Hattie 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. Hattie Graham Stanberry	ADDRESS Stanberry
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. - DUE TO (b) arterio sclerosis		
	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	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)
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 Mar 17, 1952, to Mar 17, 1952, that I last saw the deceased alive on Mar 17, 1952, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE Paul Mummelman (Degree or title)	23b. ADDRESS Stanberry Mo	23c. DATE SIGNED 3-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Ma 19 1952	24c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stanberry Mo.
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DATE REC'D BY LOCAL REG. Mar 22 - 52	REGISTRAR'S SIGNATURE Maudie Williams	25. TOWN CLERK OR RECTOR'S SIGNATURE Larry H. Phillips	ADDRESS Stanberry
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(Licensed Embalmer's Statement on Reverse Side)

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

380
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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.

Student
Student Embalmer

Signed *Lloyd H. Phillips*

Licensed Embalmer No. *1898*

P. O. Address *Stoneman, Md*

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.