

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15628

State File No. \_\_\_\_\_

JUN 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 575

0117  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b> 0117	
c. LENGTH OF STAY (in this place) <b>10Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2319 Charles Street,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Nursing Home, 701 South 17th.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>BERTHA</b>	b. (Middle) <b>AUGUSTA</b>	c. (Last) <b>GRAHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 31st, 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed. 2</b>	8. DATE OF BIRTH <b>September 23-1865</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 1 HRS. Hours Min. <b>86 Yrs</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home.</b>	11. BIRTHPLACE (State or foreign country) <b>Lancaster, New York.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Gekeler</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Salome Wahl <del>Gebel</del></b>	14. NAME OF HUSBAND OR WIFE <b>Rev. Wm E. Graham.</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>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Lillian Watkins, (Niece)</b>	ADDRESS MO <b>St. Joseph,</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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSION</b>		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) <b>ARTERIAL SCLEROSIS + AORTIC STENOSIS - SEMILE</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>GENERAL DEBILITY - SENILE</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4211</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **June, 1951, to May 30, 1952**, that I last saw the deceased alive on **May 30, 1952**, and that death occurred at **10:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. U. Shredgood</b> (Degree or title)	23b. ADDRESS <b>D.O. 801 1/2 Francis St. Joseph</b>	23c. DATE SIGNED <b>6/3/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 2nd, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
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DATE REC'D BY LOCAL REG. <b>June 5, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter H. Kiechoffer</b>	ADDRESS <b>St. Joseph, Mo.</b>
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JUN 11 1953

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Robert E. Harrington*

Licensed Embalmer No. # 3258

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.