S. No. 300
v. 10.48

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5213

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 15

0251

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

1. PLACE OF DEATH
a. COUNTY: CLINTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 523 N. Cherry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cameron 0251
d. STREET ADDRESS (If rural, give location): 523 N. Cherry, St.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Allen
c. (Last): Graham.

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17-1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 9-1882
9. AGE (In years last birthday): 70 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Painting.
11. BIRTHPLACE (City and State or Foreign Country): DeKalb Co. Mo
12. CITIZEN OF WHAT COUNTRY? US.

13a. FATHER'S NAME: Henry Graham
13b. MOTHER'S MAIDEN NAME: Mary Pounds
14. NAME OF HUSBAND OR WIFE: Bertha Graham.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs Bertha Graham. Cameron Mo — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion.

ANTECEDENT CAUSES
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. 4201

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* 2-17-, 1953 *that I last saw the deceased alive on* 2-17-, 1953, *and that death occurred at* 9:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Moon D.O.
23b. ADDRESS: Cameron, Mo.
23c. DATE SIGNED: 2-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-53
24c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery
24d. LOCATION (City, town, or county) (State): Cameron, Mo.

DATE REC'D BY LOCAL REG.: 2-20-53
REGISTRAR'S SIGNATURE: Winifred W. Moser 370
25. FUNERAL DIRECTOR'S SIGNATURE: DeMoss CRUNK — ADDRESS: Cameron, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 2533

P. O. Address Cameron Ga.

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.