

FILED
S. No. 38
V. 10.48

APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8773**

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia, Mo.		c. LENGTH OF STAY (in this place) 15 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin, Missouri 0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION: ELLIS FISCHER HOSP				d. STREET ADDRESS (If rural, give location) 801 Mallet 1			
3. NAME OF DECEASED (Type or Print) a. (First) Alexander		b. (Middle) Edward		c. (Last) Graham		4. DATE OF DEATH (Month) (Day) (Year) 4 2 53	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-16-1883	
9. AGE (In years last birthday) 70		10. MONTHS 1		11. YEARS 16		12. HOURS 1 MIN. 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TAILOR		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Archie L. Graham		13b. MOTHER'S MAIDEN NAME Emma Ball Graham		14. NAME OF HUSBAND OR WIFE Edith B. Graham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Hospital Record 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Urinary Bladder 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. 181X				INTERVAL BETWEEN ONSET AND DEATH 16 mo.	
19a. DATE OF OPERATION 2/8/52		19b. MAJOR FINDINGS OF OPERATION Carcinoma of urinary bladder				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. HOW DID INJURY OCCUR? —	
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 3/18 , 19 53 , to 4/2 , 19 53 , that I last saw the deceased alive on 4/2 , 19 53 , and that death occurred at 10:55 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Charles J. Stealey, M.D. (Degree or title)				23b. ADDRESS Ellis Fischer State Hospital		23c. DATE SIGNED 4/2/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 5, 1953		24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, Mo.	
DATE REC'D BY LOCAL REG. April 3 1953		REGISTRAR'S SIGNATURE Mrs. R.E. Palmor		25. FUNERAL DIRECTOR'S SIGNATURE Parson Funeral Service, Columbia Mo.		ADDRESS —	

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

SEP 1 1954

SEP 24 1954

APR 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. Phillips*
Licensed Embalmer No. 4897

P. O. Address Columbia, Mo

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.