

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4156

FILED JUN 23 1953

REG. DIST. NO. 93 4-15-6 PRIMARY REG. DIST. NO. 93 Registrar's No.

0290

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>So. Greenfield Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>7 7th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>W</u> c. (Last) <u>Graham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1953</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 21, 1887</u>
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>6</u>	11. DAYS <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad emp</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J.W. Graham</u>	
13b. MOTHER'S MAIDEN NAME <u>Dora Wiseman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>War #1</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maud Bruns</u>		ADDRESS <u>Kansas City Kans.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Heart Failure</u>			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heat</u> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History of heart trouble</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <u>9310 22</u> (COUNTY) <u>Dade</u> (STATE)	
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?			
22. I hereby certify that I attended the deceased from <u>after death</u> , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at <u>12:30a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W.R. Allison</u> (Degree or title) <u>3 Corner</u>		23b. ADDRESS <u>Greenfield Mo</u>	
23c. DATE SIGNED <u>6-13-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>emovel</u>	
24b. DATE <u>6-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Waddsworth Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>		24e. LOCATION (City, town, or county) (State) <u>Greenfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-17-53</u>		REGISTRAR'S SIGNATURE <u>J.C. Couada</u> 478	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>		ADDRESS <u>Greenfield Mo.</u>	

JUL 21 1958

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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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenville 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. \_\_\_\_\_