

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29097

State File No. ....

No. 300  
10.48

FILED AUG 19 1953

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 48

0502

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

1. PLACE OF DEATH a. COUNTY <p align="center">Jefferson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Jefferson</p>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <p align="center">De Soto</p>		c. LENGTH OF STAY (In this place) <p align="center">Yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p align="center">De Soto</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Commercial Hotel</p>		d. STREET ADDRESS (If rural, give location) <p align="center">Commercial Hotel</p>			
3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Walter</p>		b. (Middle) <p align="center">Prim</p>		c. (Last) <p align="center">Graham</p>	
4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Aug. 9, 1953</p>		5. SEX <p align="center">M</p>		6. COLOR OR RACE <p align="center">W</p>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Divorced</p>		8. DATE OF BIRTH <p align="center">July 13, 1885</p>		9. AGE (In years last birthday) Months Days Hours Mins. <p align="center">68</p>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Retired Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">Gen'l Farming</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Frumet, Mo.</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>		13a. FATHER'S NAME <p align="center">Prim Graham</p>		13b. MOTHER'S MAIDEN NAME <p align="center">Celia Herrington</p>	
14. NAME OF HUSBAND OR WIFE <p align="center">Gertrude Harness</p>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">496-32-0091</p>	
17. INFORMANT'S SIGNATURE OR NAME <p align="center">Walter Graham Jr.</p>		ADDRESS <p align="center">Rt. 2 Festus, Mo.</p>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple contusions and Fracture of Ribs</u>  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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Rural - De Soto, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Soto Jefferson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 9-53 13</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>	
22. I hereby certify that I attended the deceased from <u>8-9</u> , 19 <u>53</u> to <u>8-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>8-9</u> , 19 <u>53</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Walter E. Galleh</u>		23b. ADDRESS <u>De Soto Mo</u>		23c. DATE SIGNED <u>8-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	
24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-17-53</u>		REGISTRAR'S SIGNATURE <u>Marie Harris</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Nothershead</u>		ADDRESS <u>De Soto, Mo.</u>			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED AUG 18 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 *Lee M. W. W. W.*

Licensed Embalmer No. *3531*

P. O. Address *Des Moines*

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.