

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29599**

FILED SEP. 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **280** PRIMARY REG. DIST. NO. **696L** Registrar's No. **63**

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>PLATTE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (LEE TWP.)</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL (LEE TWP.)</b>                                       |  |
| c. LENGTH OF STAY (in this place) <b>LIFE</b>  |  | d. STREET ADDRESS (If rural, give location) <b>1 Mi. N. OF FARLEY</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mi. N. OF FARLEY</b>                                    |  |  |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>PRICE</b> b. (Middle) <b>(NONE)</b> c. (Last) <b>LEWIS</b>  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>AUG. 28, 1953</b> |   |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>W</b>                         |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b> |  |
| 8. DATE OF BIRTH <b>Nov. 14, 1862</b>   |  | 9. AGE (In years last birthday) <b>90</b>         |   | 10. UNDER 1 YEAR Months Days  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b> |   | 11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>             |  |
|   |  |   |   | 12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>                          |  |

|                                   |  |  |  |  |  |
|-----------------------------------|--|--|--|--|--|
| 13a. FATHER'S NAME <b>UNKNOWN</b> |  | 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b> |  | 14. NAME OF HUSBAND OR WIFE <b>SOPHIA GRAHAM</b> |  |
|-----------------------------------|--|--|--|--|--|

|   |  |                                     |  |  |  |
|---|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b> |  | 16. SOCIAL SECURITY NO. <b>NONE</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>PLATTE CO. WELFARE OFFICE, PLATTE CITY, MO.</b> |  |
|---|--|-------------------------------------|--|--|--|

|  |  |  |  |                                  |  |
|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)                        |  | MEDICAL CERTIFICATION                    |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>                   |  | DUPLICATE                                |  | <b>1 week</b>                    |  |
| ANTECEDENT CAUSES  |  | DUPLICATE                                |  |                                  |  |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  | DUE TO (b) <b>Coronary Insufficiency</b> |  |                                  |  |
|  |  | DUE TO (c) <b>Generalized arterio</b>    |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS   |  | <b>Sclerosis</b>                         |  | <b>??</b>                        |  |
| 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 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. 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 **8/28/53**, 19\_\_\_, to **8/28/53**, 19\_\_\_, that I last saw the deceased alive on **8/28/53**, 19\_\_\_, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

|   |  |                                     |  |                                 |  |
|---|--|-------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Helen Barker MD</b> |  | 23b. ADDRESS <b>Platte City, Mo</b> |  | 23c. DATE SIGNED <b>8/29/53</b> |  |
|---|--|-------------------------------------|--|---------------------------------|--|

|   |  |                          |  |   |  |
|---|--|--------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>8-29-53</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>FOX CEMETERY</b>                  |  |
|   |  |                          |  | 24d. LOCATION (City, town, or county) (State) <b>PLATTE COUNTY, MO.</b> |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>8-29-53</b> |  | REGISTRAR'S SIGNATURE <b>Alpha Rollins</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rollins &amp; Mitchell, Platte City, Mo.</b> |  |
|---|--|--|--|--|--|

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

2830  
1

**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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte City, 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.