

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34923**

FILED OCT 20 1953

BIRTH NO. _____		REG. DIST. NO. 4		PRIMARY REG. DIST. NO. 5030		Registrar's No. 81	
1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Page			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROBERT TARKIO		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN northboro		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Robert c. (Last) Graham			4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH March 6th 1921	
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer		10b. KIND OF BUSINESS OR INDUSTRY Rail Road		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME J. G. W. Graham		13b. MOTHER'S MAIDEN NAME Anna Steward		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 482-16-6136		17. INFORMANT'S SIGNATURE OR NAME J. G. W. Graham		ADDRESS northboro	
18. CAUSE OF DEATH 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) BROKEN NECK		DUE TO (b) AUTOMOBILE ACCIDENT					NONE
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. TRUCK WAS TUGGED OVER ON TO A OF							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION occupant				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 59		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) TARKIO TOWNSHIP ATCHISON MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 11 1953 2:00 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? TRUCK TURNED OVER WHEN TURNING CORNER			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Dr. G. L. Gillis				23b. ADDRESS Rock Port Mo.		23c. DATE SIGNED 10-12-53	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		24b. DATE 10-14-53		24c. NAME OF CEMETERY OR CREMATORY Union Grove		24d. LOCATION (City, town, or county) (State) Northboro, Iowa	
DATE REC'D BY LOCAL REG. Oct 17, 1953		REGISTRAR'S SIGNATURE Harvin H. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE Westboro, MO		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 1 1953

Handwritten scribbles and illegible text at the top of the page.

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 _____

A R Tucker II

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Handwritten signature of A. R. Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.