

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38697

State File No.

FILED NOV 30 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 198

D362

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

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY OR TOWN <u>Gray Summit</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>		e. STREET ADDRESS (If rural, give location) <u>R. R. 0360</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James Augustus Graham</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH <u>November 20th 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , OR FORCED (Specify)	8. DATE OF BIRTH <u>July 6th 1873</u>
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hamminger</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leslie, Mo. R.R.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hamminger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor at School</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Harrar</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Graham</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Erwin Hendricks Gray Summit</u> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronica</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Acute Peritonitis due to perforated appendix</u>		10 days	
19a. DATE OF OPERATION <u>Nov 11, 1953</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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) _____	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>Nov 11</u> , 1953, to <u>Nov 25</u> , 1953, that I last saw the deceased alive on <u>Nov 25</u> , 1953, and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank G. Pflanz M.D. Washington, Mo</u>		23b. ADDRESS _____	23c. DATE SIGNED <u>Nov 27 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/27/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11/27/53</u>	REGISTRAR'S SIGNATURE <u>E. F. Oldmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Oldmann</u> ADDRESS <u>Union, Mo.</u>	

DEC 17 1958

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.....
Signature of Student Embalmer

Signed..... *E. H. Ottmann*.....

Licensed Embalmer No. *1686*.....

P. O. Address *Union, N.J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.