

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38768**

FILED DEC 7 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1064</u>			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE XXXXXX Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Springfield		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital				e. STREET ADDRESS (If rural, give location) 1702 Sherman St.				0396 0	
3. NAME OF DECEASED (Type or Print) Gertie			a. (First)		b. (Middle) I		c. (Last) Graham		
4. DATE OF DEATH Nov. 26, 1953		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 30, 1884		9. AGE (In years last birthday) 69			
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking			
11. BIRTHPLACE (City and State or Foreign Country) / Kansas		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. J. Benjamin		13b. MOTHER'S MAIDEN NAME Minerva Saunders			
14. NAME OF HUSBAND OR WIFE M. P. Graham		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME M. P. Graham-1702 Sherman St.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Chronic Myocarditis 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.				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11-3-53</u> , to <u>11-26-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-26-53</u> , 19 <u>53</u> , and that death occurred at <u>6:25 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Paul O. Upshaw, M.D.		(Degree or title)		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 11-28-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/53		24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Mo.			
DATE REC'D BY LOCAL REG. 11-30-53		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Max Rodde*.....

Licensed Embalmer No. 40

P. O. Address *Spring*.....

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.