

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45035**

FILED JAN 25 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4208 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cainsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cainsville</b>	
c. LENGTH OF STAY (in this place) <b>71 years</b>		0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <b>Sampson</b>	a. (First)	b. (Middle) <b>E.</b>	c. (Last) <b>Graham</b>	4. DATE OF DEATH <b>December 26, 1953.</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 14, 1868</b>	9. AGE (In years, last birthday) <b>85</b>	IF UNDER 1 YEAR	IF UNDER 10 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jackson Co., Ohio.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Nathan Graham</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Castor</b>	14. NAME OF HUSBAND OR WIFE <b>May E. Graham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>May E. Graham</b>	ADDRESS <b>Cainsville, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		<b>36 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis and myocardial degeneration</b>		<b>3 years</b>
DUE TO (c) <b>Chronic Prostatitis and Renal Insufficiency</b>		<b>4 months</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Feb - 1953**, to **Dec 26, 1953**, that I last saw the deceased alive on **Dec 25, 1953**, and that death occurred at **7:25 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Alfred C. Jeff 2 D.O.</b>	23b. ADDRESS <b>Cainsville Mo</b>	23c. DATE SIGNED <b>1-4-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 29, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oaklawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Cainsville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 15-54</b>	REGISTRAR'S SIGNATURE <b>S. P. Law 47-0</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Cainsville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0410

**STATEMENT BY LICENSED EMBALMER**

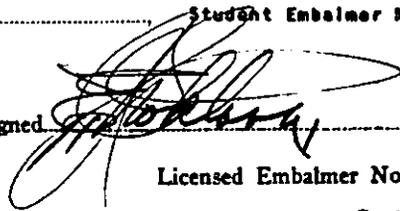
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, o/y/

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.**