

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33694

State File No. ....

FILED NOV 8 - 1954

BIRTH NO. .... REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Hampton</u>		c. LENGTH OF STAY (In this place) <u>8 yrs</u>	c. CITY OR TOWN <u>New Hampton</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in North Part of New Hampton</u>		e. STREET ADDRESS (If rural, give location) <u>North Part of New Hampton 04700</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Freeland</u> c. (Last) <u>Graham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1 1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 3 1885</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR <u>16</u> Months <u>29</u> Days	IF UNDER 24 HRS. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Pelezer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Grocery Store</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert B Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Peercy</u>	
14. NAME OF HUSBAND OR WIFE <u>Laura Graham New Hampton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-26-3705</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Laura Graham</u>		ADDRESS <u>New Hampton Mo</u>	
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) <u>Carcinoma of Lungs</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	
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)		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>at death</u> , 19 <u>54</u> , to _____, 19____, that I last saw the deceased alive on <u>Nov 1</u> , 19 <u>54</u> , and that death occurred at <u>5:55 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. L. Green</u>		23b. ADDRESS <u>d. O. New Hampton Mo</u>	
23c. DATE SIGNED <u>11-3-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 3 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Foster Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Hampton MO</u>	
DATE REC'D BY LOCAL REG. <u>11-5-54</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u> 116-0	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble &amp; Son</u>		ADDRESS <u>New Hampton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

041

---

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 *ML*....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *W. G. Noble*.....

Licensed Embalmer No. *2909*.....

P. O. Address *New Hampton*.....

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.