

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED JAN 17 1955

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Callaway 2</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		a. STATE <u>Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>		c. CITY OR TOWN <u>Louisiana</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) <u>0847</u> <u>207 No. 11 St 1</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>Lewis</u>		b. (Middle) <u>G</u>		c. (Last) <u>GRAHAM</u>		Jan 14 1955			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>2 March 1874</u>			
9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>10</u>		11. DAYS <u>12</u>		12. IF UNDER 1 YEAR Hours Min. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R. R. man</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>R. Road</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Graham</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Houchins</u>			14. NAME OF WIFE WIFE <u>unk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk</u>		16. SOCIAL SECURITY NO. <u>unk</u>		17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>		ADDRESS <u>Fulton</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rt. Lobar Pneumonia</u>					
				ANTECEDENT CAUSES 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. <u>Senility; Ch. myo Carditis.</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490x</u>						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)		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>13 Jan, 1955</u> to <u>14 Jan, 1955</u> , that I last saw the deceased alive on <u>14 Jan, 1955</u> , and that death occurred at <u>6:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>G.S. Waraich</u>				23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>14 Jan 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN 17/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA MO</u>			
DATE REC'D BY LOCAL REG. <u>Jan 35-1955</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maupin Funeral Home</u>		ADDRESS <u>Fulton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 3 1955

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.....
Samy A. Stewart

Licensed Embalmer No. *372*

P. O. Address *Fulton*

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.