

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11931**
Registrar's No. **1795**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1795</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS City</u> c. LENGTH OF STAY (in this place) <u>67 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1334 EAST 33RD. ST.</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS City</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>1334 E. 33rd St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EIam</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>Graham</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 21, 1955</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>FEB. 24, 1872</u> | | 9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPRESENTATIVE FOR MARKS SHOE Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MARKS SHOE Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>GRANBY, CONN.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>OSCAR GRAHAM</u> | | 13b. MOTHER'S MAIDEN NAME <u>FLORA KENDALL</u> | | 14. NAME OF HUSBAND OR WIFE <u>MRS. ANNA LOUISE GRAHAM</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>314-09-5303</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ANNA LOUISE GRAHAM, 1334 E. 33RD. K. C., 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>Acute CARDIAC Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic Heart Disease</u> DUE TO (c) <u>Diabetes Mellitus</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>2 yrs</u> <u>7 yrs</u> <u>260 X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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>July 1953</u> , to <u>Apr 21, 1955</u> , that I last saw the deceased alive on <u>April 19, 1955</u> , and that death occurred at <u>9:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Howard E. Linnville</u> (Degree or title) | | | | 23b. ADDRESS <u>1103 Grand Ave, Kansas City, Mo</u> | | 23c. DATE SIGNED <u>4-21-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 25, 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>JACKSON COUNTY, MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>4-23-55</u> | | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY, KANSAS CITY, MO</u> | | | |

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

MAY 11 1965

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 H. Lukendoll*

Licensed Embalmer No. *463*

P. O. Address *K. C.*

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.