

12634

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 18 1955

No. 300

10.48

|   |                                  |  |  |  |  |  |  |   |  |
|---|----------------------------------|--|--|--|--|--|--|---|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>207</u>  |  | PRIMARY REG. DIST. NO. <u>4318</u>   |  | Registrar's No. <u>10</u>  |  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Maries</b>  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b> |  |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vienna, Mo.</b>   |                                  | c. LENGTH OF STAY (in this place) <b>5 yrs</b>   |  | c. CITY OR TOWN <b>Vienna, Mo.</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His Home</b>   |                                  |  |  | e. STREET ADDRESS (If rural, give location) <b>0630</b>  |  |  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b>   |                                  |  | b. (Middle) <b>C.</b>                                      |  | c. (Last) <b>Graham</b>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 11, 1955</b> |   |  |
| 5. SEX <b>0</b><br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>July 1, 1883.</b>                   |  | 9. AGE (In years last birthday) <b>71</b>  | IF UNDER 1 YEAR <b>9</b> Months  | IF UNDER 24 HRS. <b>10</b> Days                                | Hours <b>10</b> Min.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Accountant</b>  |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY                          |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Maries County, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                  |   |  |
| 13a. FATHER'S NAME<br><b>Michael Graham</b>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Amanda Bada</b>            |  | 14. NAME OF HUSBAND OR WIFE<br><b>Roberta Graham</b>                                 |  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>  |                                  | 16. SOCIAL SECURITY NO. <b>487-22-0214</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Irene Redel, Vienna, Mo.</b>   |  |  |  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>  |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic carcinoma of liver</b>   |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>  |  |
|   |                                  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Carcinoma of rectum</b><br>DUE TO (c) |  |  |  |  |  |   |  |
|   |                                  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |  |   |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION   |  |  |  |  |  | 20. AUTOPSY?<br>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)  |  | <b>154X</b>  |  |   |  |
| 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>2/14/55</u> , 19 <u>  </u> , to <u>4-11-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>4-11-55</u> , 19 <u>  </u> , and that death occurred at <u>9:29A</u> m., from the causes and on the date stated above. |                                  |  |  |  |  |  |  |   |  |
| 23a. SIGNATURE <b>S. C. Howard</b> (Degree or title) <b>D.O.</b>  |                                  |  |  | 23b. ADDRESS <b>Vienna, Missouri</b>   |  |  | 23c. DATE SIGNED <b>4-16-55</b>                                |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |                                  | 24b. DATE <b>4/13/55</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Crismon Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Maries County Mo.</b>               |  |  |   |  |
| DATE REC'D BY LOCAL REG. <b>4-16-55</b>   |                                  | REGISTRAR'S SIGNATURE <b>Pauline Howard</b>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. ...</b>  |  | ADDRESS <b>Vienna, Mo.</b>   |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 16 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 *M. C. Birmingham*

Licensed Embalmer No. *366*

P. O. Address *Birmingham*

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.