

FILED JUN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17617

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 501 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Graham Clay		c. CITY OR TOWN Graham	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 hr.		f. STREET ADDRESS (If rural, give location) e740	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Jasper	b. (Middle)	c. (Last) Sylvia	4. DATE OF DEATH (Month) (Day) (Year) 6-9-1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-2-1908	9. AGE (in years last birthday) 47	if UNDER 1 YEAR Months Days	if UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Bulldozing	11. BIRTHPLACE (City and State or Foreign Country) Dearfield Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Dorothy Sylvia
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Sylvia-Graham Mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest		INTERVAL BETWEEN ONSET AND DEATH 5 minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed chest		
	DUE TO (c) Falling tree		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9121 3			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clay Andrew Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 9 1955 8:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? was bulldozing tree which fell upon him.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:35 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) D. S. Maxwell, former D.O.	22b. ADDRESS 307 W. Main, Savannah, Mo.	22c. DATE SIGNED 6/9/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-12-1955	24c. NAME OF CEMETERY OR CREMATORY Graham Cem.	24d. LOCATION (City, town, or county) (State) Graham Mo
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DATE REC'D BY LOCAL REG. 6-12-55	REGISTRAR'S SIGNATURE Lillian Sparks	25. FUNERAL DIRECTOR'S SIGNATURE W. M. [unclear]	ADDRESS Marionville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *E. M. Atkinson*.....

Licensed Embalmer No... *22*

P. O. Address *Maryville*

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.