

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 166

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, with RURAL and give township) <u>Maryville</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Maryville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>110 S. Buchanan</u> <u>0742</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Graham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>11-30-1888</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Priest</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Church</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Conception, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>George Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna Parle</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thos. Graham - Ravenwood Mo.</u>	ADDRESS <u>Mo.</u>
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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, asthma, 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>Hypertension C-V disease</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt. Basal branch block - C.V. accident - Rt. hemiplegia</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1953, to June 1955 that I last saw the deceased alive on June 8, 1955 and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edmund E. ... M.D.</u>	23b. ADDRESS <u>Maryville, Mo.</u>	23c. DATE SIGNED <u>6/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-11-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba Cem - Conception</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-18-55</u>	REGISTRAR'S SIGNATURE <u>Edmund E. ...</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Edmund E. ...</u>	ADDRESS <u>Maryville Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 11 1955

FEB 23 1950

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.....  
*G M Atkinson*

Licensed Embalmer No. *227*

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.