

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30358

State File No. ....

FILED OCT 1 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give name of township) <u>Stanberry</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Stanberry Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. W. Of Stanberry 4 miles</u>		e. STREET ADDRESS (If rural, give location) <u>Rural n. W. Of Stanberry</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs. Hattie May</u> b. (Middle) <u>Graham</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>March 13 1880</u>
9. AGE (In years last birthday) <u>76</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>
11. BIRTHPLACE (City, State or Foreign Country) <u>Gentry Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Calvin D. Lyman</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie C. Coffey</u>	
14. NAME OF HUSBAND OR WIFE <u>Ira Graham deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie Baker Stanberry</u> ADDRESS <u>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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular and Cardiovascular disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension and Arteriosclerosis</u> <u>years</u> DUE TO (c) <u>unknown.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Urinary infection</u> <u>years</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>Sept 11, 1953</u> , to <u>9-26, 1956</u> , that I last saw the deceased alive on <u>9-20, 1956</u> , and that death occurred at <u>3a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert L. Carlin M.D.</u>		23b. ADDRESS <u>Stanberry Mo</u>	
23c. DATE SIGNED <u>9-27-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>9/28/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	
24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Taboff Phillips</u> ADDRESS <u>Stanberry</u>	
DATE REC'D BY LOCAL REG. <u>9-28-56</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	

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

4620

(Licensed Embalmer's Statement on Reverse Side)

MO

8 188

1958

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 *Lester F. Phillips*

Licensed Embalmer No. 1898

P. O. Address *Stonham*

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.