

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31272

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <u>Lawrence County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Route 1 Marionville</u>		c. LENGTH OF STAY (in this place) <u>11 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Route 1, Marionville</u>		0559
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUCK PRAIRIE TWP.</u>			d. STREET ADDRESS (If rural, give location) <u>BUCK PRAIRIE TWP.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u>		b. (Middle) <u>D.</u>	c. (Last) <u>GRAHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 18, 1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Center, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>George Graham</u>		13b. MOTHER'S MAIDEN NAME <u>? Hill</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Agnes 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>483-10-3000</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. D. Graham, Marionville, 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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			ANTICIPATED CAUSES			
			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
			DUE TO (b)			
			DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS			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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>suicide</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?		
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 <u>3:30 p. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>W. H. Fessett</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>Lawrence Co. Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>Sept 23-1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept. 25, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Council Bluffs, Iowa.</u>		
DATE REC'D BY LOCAL REG. <u>9-26-1956</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. Surridge, Marionville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 5 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
Student Embalmer

Signed William A. Fulker

Licensed Embalmer No. 4658

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.