

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

417743

FILED DEC 21 1956

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5236

ath, Welfare
blic
ervice

00
-56

0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James W. Graham

Medical Certification

Person, relative, or friend of deceased, or other person, who must be casually related. Coroner cannot certify to a death due to natural causes.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Prairie Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Length of stay in 1b 5 days	d. STREET ADDRESS (If outside, give location) 4017 W. 68th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First STEPHEN Middle C. Last THORNING			4. DATE OF DEATH Month Dec. Day 1st Year 1956		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 31, 1898	9. AGE (In years last birthday) 58 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Mrtg. Loan Dept.		10b. KIND OF BUSINESS OR INDUSTRY 1st Nat'l Bank	11. BIRTHPLACE (City and state or country) Milwaukee, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME C. M. Thorning			14. MOTHER'S MAIDEN NAME Julia Hallissey		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1 & W.W.#2		16. SOCIAL SECURITY NO. 496-16-6661	17. INFORMANT Address Mrs. C. R. Reilly-sister-Milwaukee, Wisc.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auricular fibrillation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Mitral regurgitation DUE TO (c) Chronic myocarditis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Damage to liver and ascites					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 3 years 4 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 1953 to Dec. 1, 1956 and last saw him alive on Dec. 1, 1956 . Death occurred at 5:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James W. Graham M. D.			22b. ADDRESS 518 Argyle Bldg. K C Mo		22c. DATE SIGNED 12-3-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/4/56	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) Johnson County, Kansas.	
24. FUNERAL DIRECTOR Quirk & Tobin-20 W. Linwood, K.C.Mo.		25. DATE RECD. BY LOCAL REG. 12-3-56	26. REGISTRAR'S SIGNATURE Reva Marshall		

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 *William M. Turner*

Licensed Embalmer No. *46*

2076 Lenwood
P. O. Address

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.