

FILED JAN 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **44639**

BIRTH NO. _____		REG. DIST. NO. <b>44</b>		PRIMARY REG. DIST. NO. <b>4061</b>		Registrar's No. <b>2</b>	
1. PLACE OF DEATH a. COUNTY <b>CALDWELL</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALDWELL</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRAYMER</b>		c. LENGTH OF STAY (in this place) <b>9 YRS.</b>		c. CITY OR TOWN <b>BRAYMER</b>		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: <b>CITY LIMITS</b>				e. STREET ADDRESS (If rural, give location) <b>0130</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ISADORE</b> b. (Middle) _____ c. (Last) <b>GRAHAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/19/1956</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>11/16/1877</b>		9. AGE (in years last birthday) <b>79</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>BOGARD, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>HENRY DIERCKS</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE STEARNS</b>		14. NAME OF HUSBAND OR WIFE <b>NOBLE W. GRAHAM</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NONE</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. CATHERINE HRAVNER BRAYMER</b> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 Hours</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>					<b>many years</b>
		DUE TO (c) <b>Generalized Arteriosclerosis</b>					<b>many years</b>
		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? <b>3</b> 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) _____ m.		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 <b>July, 1947</b> , to <b>Dec. 19, 1956</b> , that I last saw the deceased alive on <b>Dec. 19, 1956</b> , and that death occurred at <b>8:45 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. F. Goldberg M.D.</b>				23b. ADDRESS <b>Braymer, Mo.</b>		23c. DATE SIGNED <b>12/19/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/22/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SMITH CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CARROLL CO. MO.</b>		
DATE REC'D BY LOCAL REG. <b>1-2-57</b>		REGISTRAR'S SIGNATURE <b>Mr. Paul H. ...</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geneb. Michael Braymer, Mo.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Genel. Michael.

Licensed Embalmer No. 434

P. O. Address Braymer, Mo.

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.