

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

305

STATE FILE NUMBER

27

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Bushawsee,</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Madaway.</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Maryville</i> <i>0740</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hospital No. 2,</i>		Length of stay in 1b <i>1 yr. 4 mo. 3 days</i>	d. STREET ADDRESS (If outside, give location) <i>608 So. Mulberry</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>FRANK</i> First <i>CLIFFORD</i> Middle <i>GRAHAM.</i> Last			4. DATE OF DEATH Month <i>1-</i> Day <i>12-</i> Year <i>1957</i>
5. SEX <i>male.</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-25-1895.</i>
9. AGE (In years last birthday) <i>61</i>		IF UNDER 1 YEAR Months <i>2</i> Days <i>17.</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Real Estate & auctioneer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Real Estate & Auctioneer</i>	11. BIRTHPLACE (City and state or country) <i>Papillion Nebraska</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Graham</i>	
14. MOTHER'S MAIDEN NAME <i>Margaret Ellen Mitchell.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>	
16. SOCIAL SECURITY NO. <i>500-96-4034.</i>		17. INFORMANT <i>Mrs. Bertha C. Graham, 608 So. Mulberry St. Maryville Missouri</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>Arteriosclerosis.</i> DUE TO (c) <i>4201</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Chronic brain syndrome associated with senile brain disease</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 minutes.</i>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>11-20-55</i> , to <i>1-12-57</i> and last saw ^{her} him alive on <i>1-12-57</i> . Death occurred at <i>11 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. H. Morrow, M.D.</i>		22b. ADDRESS <i>State Hospital No. 2, St. Joseph Mo</i>	
22c. DATE SIGNED <i>1-12-1957.</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>1/12/57</i>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <i>Maryville, Missouri</i>	
24. FUNERAL DIRECTOR <i>Price Funeral Home, Maryville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Jan 14, 1957</i>	
26. REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public
Service300
1-56

Diseases in Part I must be casually related. Carcasses cannot certify to a death due to natural causes. Doctor, coroner, etc., must use only standard nomenclature in item 18. If red symptoms were present, AIT

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John W. Price*.....

Licensed Embalmer No. *42*

P. O. Address *Marysville*

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.