

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

9362

State File No.

FILED APR 10 1957

BIRTH NO.		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>4315</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Massar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Massar</u>			
b. CITY OR TOWN <u>La Plata</u>		c. LENGTH OF STAY (In this place) <u>7 years</u>		c. CITY OR TOWN <u>La Plata</u>		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				e. STREET ADDRESS (If rural, give location) <u>0610</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet Francis</u> b. (Middle) <u>Graham</u> c. (Last) <u>Graham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 26 1957</u>				
5. SEX <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-3-1879</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>For Self</u>		11. BIRTHPLACE (City and State of Foreign Country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Luther Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Monevill</u>		14. NAME OF HUSBAND OR WIFE <u>Albin Dan Graham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Earl Graham</u> ADDRESS <u>La Plata Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatic carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic carcinoma</u> <u>4 years</u> 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? <u>0</u> 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) <u>177X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>March 6, 1957</u> , to <u>March 26, 1957</u> , that I last saw the deceased alive on <u>March 25, 1957</u> , and that death occurred at <u>11:50 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Cecil Earl Graham</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>La Plata Mo</u>		23c. DATE SIGNED <u>3/28/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 28-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Plata Burial</u>		24d. LOCATION (City, town, or county) (State) <u>La Plata MO</u>		
DATE REC'D BY LOCAL REG. <u>4/14/57</u>		REGISTRAR'S SIGNATURE <u>Rueh McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. Christy La Plata MO</u>			

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

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County File No. 44-57-51
The Find 4-9-57

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 D. S. Christie

Licensed Embalmer No. 1129

P. O. Address Fallata 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.