FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 6 2 9 0 2 3 3 4 8

Registration District No. 369 Primary Registration District No. ~~4538~~ Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Wayne	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wayne
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Piedmont (~~St Francis~~ Benton) Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Piedmont-Benton Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Home Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Lake Creek Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First James Middle Frank Last Graham		4. DATE OF DEATH Month May Day 19 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Jan. 4 1879
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 4 Days 13	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Wayne Co	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Monroe Graham		14. MOTHER'S MAIDEN NAME Sarah Howard Graham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT Oscar Graham Address Piedmont, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ~~Injury~~ Aortic Regurgitation — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy

DUE TO (c) General Arteriosclerosis — 421.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. — 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year None	None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ None	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION COUNTY STATE None	

21. I attended the deceased from May 11 1957 to May 14 1957 and last saw her/him alive on May 14 1957
Death occurred at 1230 P.M. 5/20 1957 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gerry W Cable DO	22b. ADDRESS Piedmont Mo	22c. DATE SIGNED 5/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/21/57	23c. NAME OF CEMETERY OR CREMATORY Julian Cem.
23d. LOCATION (City, town, or county) (State) Piedmont Wayne, Mo.		
24. FUNERAL DIRECTOR ADDRESS William Coder	25. DATE RECD. BY LOCAL REG. June 17, 1957	26. REGISTRAR'S SIGNATURE Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

0 5

WAYNE CO. HEALTH CENTER
FILE No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Coder Funeral Home, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 37

P. O. Address Piedmon

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.