Health, & Welfare
Public
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FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39943

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1151-C

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge D.O.A. — Length of stay in 1b 28yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Greene
c. CITY OR TOWN Springfield 0346 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2346 N Boonville — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First JAMES Middle McKINLEY Last GRAHAM

4. DATE OF DEATH Month II Day 28 Year 57

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 2 19 1901
9. AGE (In years last birthday) 56
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) Cook
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (City and state or country) Montgomery Co Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James Graham
14. MOTHER'S MAIDEN NAME Mary Glover

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. 500-36-7673
17. INFORMANT Zelma Graham Address 2346 Boonville St.

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) ACUTE CORONARY INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH INST
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ADVANCED ARTERIOSCLEROTIC HEART DISEASE — ?
DUE TO (c) WITH MARKED CORONARY SCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
OVER EXERTION PROBABLY PRECIPITATED ATTACK 4200

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
HE HAD A SCUFFLE IN HIS PLACE OF BUSINESS AND TRIED TO REMOVE A MAN BY FORCE, THERE BY PROBABLY PRECIPITATING THE ABOVE MENTIONED ATTACK.
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) RESTAURANT
20f. CITY, TOWN, OR LOCATION 133 Springfield COUNTY Greene STATE Missouri

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 1:30a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ralph H. Thieme (Degree or title) Coroner County
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 30 Nov 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec 12 57
23c. NAME OF CEMETERY OR CREMATORY Hazlewood
23d. LOCATION (City, town, or county) Springfield (State) Mo

24. FUNERAL DIRECTOR H. V. Smith ADDRESS 602 N. Jefferson St.
25. DATE RECD. BY LOCAL REG. 12-2-57
26. REGISTRAR'S SIGNATURE Edith Wilkerson

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 5 1958

DEC 30 1958

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Herbert V. Smith

Licensed Embalmer No. 128

P. O. Address Springf

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