

Health, Welfare, Public Service

FILED JAN 24 1958

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 273 REGISTRAR'S NO. 38

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH a. COUNTY Buchanan b. CITY St. Joseph c. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Daviess c. CITY Jameson d. STREET ADDRESS

3. NAME OF DECEASED James Barnett Graham 4. DATE OF DEATH Jan. 12, 1958 5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 16, 1874 9. AGE 83

10a. USUAL OCCUPATION Physician 10b. KIND OF BUSINESS OR INDUSTRY Medicine 11. BIRTHPLACE Gentry, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George Graham 13b. MOTHER'S MAIDEN NAME Martha Dobbins 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT Virgil Gaines Address St. Joseph, Mo.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) Arteriosclerosis

18. CAUSE OF DEATH (continued) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Prostatic Hypertrophy 19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION Jamesport, Mo.

21. I attended the deceased from Nov. 7, 1957 to Jan. 12, 1958 and last saw him alive on Jan. 12, 1958

22a. SIGNATURE Allen E. Serman M.D. 22b. ADDRESS 706 Francis St. Joseph, Mo. 22c. DATE SIGNED 1-16-58

23a. BURIAL, CREMATION, REMOVAL Burial 23b. DATE Jan. 15, 58 23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 23d. LOCATION Jamesport, Mo.

24. FUNERAL DIRECTOR Clark Funeral Home St. Joseph, Mo. 25. DATE RECD. BY LOCAL REG. Jan. 20, 1958 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any omissions in Part I must be causally related.

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 *Paul F. Clark*

Licensed Embalmer No. *5024*
P. O. Address *St. Joseph, 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.