

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018208
STATE FILE NUMBER
2610

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5731 TROOST AVE.		Length of stay in lb 40 YEARS	d. STREET ADDRESS (If outside, give location) 5731 TROOST AVE
3. NAME OF DECEASED (Type or print) First Middle Last ELIZABETH MARIE GRAHAM		4. DATE OF DEATH Month Day Year MAY-22-1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC-5-1879
9. AGE (In years, last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	
11. BIRTHPLACE (City and state or country) LONG ISLAND, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES VENEMAN		13b. MOTHER'S MAIDEN NAME —	14. NAME OF HUSBAND OR WIFE DR. JAMES W. GRAHAM
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT DR. JAMES W. GRAHAM - KANSAS CITY, MO Address 5731 TROOST AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Failure DUE TO (b) Fibrillation and Decompensation DUE TO (c) Aortic Stenosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4211			INTERVAL BETWEEN ONSET AND DEATH 2 Hrs. 5 Hrs. 15 Yrs.
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 Age 20 - to 22 May 58 and last saw her alive on 22 May 1958 Death occurred at 1145A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James W. Graham M.D.		22b. ADDRESS 518 Maple Bldg	22c. DATE SIGNED 22 May 1958
23a. BURIAL, CREMATION, READY AL (Specify) BURIAL	23b. DATE MAY 23 1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 5-23-58	26. REGISTRAR'S SIGNATURE Neva Minshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
James W. Graham

All diseases 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 *Robert Ray*

Licensed Embalmer No. *4182*
P. O. Address *K.C., 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.