

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025507

STATE FILE NUMBER

FILED AUG 15 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3642

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4006 INDIANA</u>		Length of stay in 1b <u>72 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>4006 INDIANA</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DAVID BURTON GRAHAM</u>			4. DATE OF DEATH Month Day Year <u>July-27-1958</u>
15. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 2, 1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <u>BALL, CANADA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH GRAHAM</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GARDNER</u>	14. NAME OF HUSBAND OR WIFE <u>ETTA MAY GRAHAM</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-03-7818</u>	17. INFORMANT <u>ETTA MAY GRAHAM - KANSAS CITY, MO</u> Address <u>4006 INDIANA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY EMBOLISM</u>			INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>FIBRILLATION</u>			<u>3 WEEKS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS</u>			<u>5 YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 o.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 <u>JULY 23, 58</u> to <u>7-27-58</u> and last saw her alive on <u>7-25-58</u> . Death occurred at <u>3:00</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wade E. Elliott</u> (Degree or title) <u>MD.</u>		22b. ADDRESS <u>710 W 12th St</u>	22c. DATE SIGNED <u>28/6/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JULY 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS - KANSAS CITY, MO.</u> ADDRESS <u>331 BOWEN CREEK</u>		25. DATE RECD. BY LOCAL REG. <u>7-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Neva Minshall</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Wade E. Elliott

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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 *Thomas W. Brown* .....

Licensed Embalmer No. *4889* .....  
P. O. Address *210, 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.