

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043632

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 93

Primary Registration District No.

Registrar's No. 58-86

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Twp</u>		c. CITY OR TOWN <u>Everton</u> <sup>0290</sup>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Everton Mo Rv</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 2</u>	
3. NAME OF DECEASED (Type or print) First <u>Arley</u> Middle <u>Riley</u> Last <u>Graham</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>17</u> Year <u>1958</u>	
5. 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>May 17-1898</u>
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and state or country) <u>Everton Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Elisha Graham</u>		13b. MOTHER'S MARDEN NAME <u>Eliza Myers</u>	
14. NAME OF HUSBAND OR WIFE <u>Alta M. 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> <u>None</u>	
16. SOCIAL SECURITY NO. <u>488-16-3300</u>		17. INFORMANT Address <u>Mrs. A. R. Graham</u> <u>Everton R2</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>Acute medullary paralysis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Spontaneous Subarachnoid hemorrhage with increased intracranial pressure</u>			<u>2 hrs.</u>
DUE TO (c) <u>Probable ruptured Cerebral aneurysm (congenital?)</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebrospinal fluid aspiration post-mortem. 330X</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 _____ 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 <u>April 1951</u> to <u>Dec. 17, 1958</u> and last saw her alive on <u>Dec. 17, 1958</u> Death occurred at <u>9:45 P.M.</u> <u>9:45p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Homer F. Matz, D.O.</u>		22b. ADDRESS <u>Ash Grove, Missouri</u>	
22c. DATE SIGNED <u>12-20-58</u>		23. NAME OF CEMETERY OR CREMATORY <u>Shiloh Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 21-1958</u>	
23c. LOCATION (City, town, or county) <u>Lawrence Co. Mo.</u>		23d. (State)	
24. FUNERAL DIRECTOR <u>H. W. Rich</u>		25. DATE RECD. BY LOCAL REG. <u>12/23/1958</u>	
26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>		(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 causally related.

MEDICAL CERTIFICATION  
Homer F. Matz D.O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *JW Birch* .....

Licensed Embalmer No. *3856* .....

P. O. Address *Ash Grove 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.