

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005573

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 610

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Labette</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>PARSONS</u> 8156 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>		Length of stay in lb <u>9 DAYS</u>	d. STREET ADDRESS (If outside, give location) <u>2506 Belmont</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>S.</u> Last <u>Graham</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>1</u> Year <u>1959</u>		
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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>1-28-1896</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>YARD CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M.R.T. Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Walker Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>IRVIN S. GRAHAM</u>	13b. MOTHER'S MAIDEN NAME <u>MATTIE - UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>IRA GRAHAM</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, was in <u>WW I</u> (Date of Service)) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT <u>Mrs. John S. Graham</u>	Address <u>2506 Belmont, PARSONS, KAN.</u>
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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>Increased Intracranial Pressure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 58</u> <u>Feb. 1 '59</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Infarction</u>	
	DUE TO (c) <u>Cerebral Hemorrhage (old)</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <u>1-23-59</u> , to <u>2-2-59</u> and last saw her alive on <u>2-1-59</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Robert W. Forsythe</u> M. D.	22b. ADDRESS <u>411 Nichols Rd.</u>	22c. DATE SIGNED <u>2/2/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL Feb-2-1959</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Lawn Cem</u>	23d. LOCATION (City, town, or county) <u>PARSONS KANSAS</u>
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24. FUNERAL DIRECTOR <u>Dates Funeral Home</u>	ADDRESS <u>K.C. KANSAS</u>	25. DATE RECD. BY LOCAL REG. <u>2-2-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

W. FEB 10 1979

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 B. Williamson*

Licensed Embalmer No. *5009*

P. O. Address. *O. Verland, Pa.*

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.