

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006299

STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield Inside Limits Yes No
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 112 East John Length of stay in 1b 18 years
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield 0582 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 112 East John Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Leta Middle Bishop Last Graff
4. DATE OF DEATH Month February Day 17 Year 1959

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH October 21, 1882 9. AGE (In years last birthday) 76 FUNDING YEAR IF UNDER 24 HRS. Months 3 Days 24 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Christian Science Practitioner 10b. KIND OF BUSINESS OR INDUSTRY C.S. Practice 11. BIRTHPLACE (City and state or country) Chillicothe, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Shelton Bishop 13b. MOTHER'S MAIDEN NAME Mary Ann Peters 14. NAME OF HUSBAND OR WIFE F. H. Graff, (deceased)

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 Howard Graff, Brookfield, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Christian Science Treatment
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7954
INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT SUICIDE HOMICIDE
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 NOT WHILE AT WORK
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 7:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lester B. McPherson, M.D. 22b. ADDRESS Brookfield, Mo 22c. DATE SIGNED 2/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE Feb. 21, 1959 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Hill Funeral Home, Brookfield, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 2-21-59 26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

MAR 3 1959

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 *Gerald I. Wady*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.