

REGISTRATION DISTRICT NO. 118 Primary Registration District No. 4190 REGISTRAR'S NO. 31

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031945

STATE FILE NUMBER

FILED VS OCT 13 1959

1. PLACE OF DEATH a. COUNTY Gasconade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bland		c. CITY OR TOWN Belle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 28-(west)		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) William Duane Graham		4. DATE OF DEATH Oct - 3 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-29-1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Public Work	11. BIRTHPLACE (City and state or country) Owensville - Mo
13a. FATHER'S NAME Roscoe Graham		13b. MOTHER'S MAIDEN NAME Ethel Maple's	
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. 489-20-2375	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT Roscoe Graham - Belle-Mo.	
IMMEDIATE CAUSE (a) FRACTURED CRANIUM		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (b) HIT by AUTO ON HIGHWAY 28 WEST of BLAND MO			
DUE TO (c) DRIVER OF AUTO - HIT + RUN			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) WALKING ON Highway - HIT by AUTO	
20c. TIME OF INJURY 10:00 p.m.	Month, Day, Year 10/3/59		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) PUBLIC HIGHWAY	20f. CITY, TOWN, OR LOCATION NEAR BLAND	COUNTY GASCONADE STATE MO
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Walter H. Plummer (Degree or title) CORONER		22b. ADDRESS Belle - Mo.	
22c. DATE SIGNED 10/4/59			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-6-1959	23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	23d. LOCATION (City, town, or county) (State) Belle - Mo.
24. FUNERAL DIRECTOR'S ADDRESS Charles Bassman		25. DATE RECD. BY LOCAL REG. October 8 1959	
		26. REGISTRAR'S SIGNATURE Mrs. Marvin Jappney	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 15 1959

OCT 14 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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles S. Aseman

Licensed Embalmer No. 4178

P. O. Address Bland

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.