

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007418

FILED VS MAR 14 1960

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 58

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville Length of stay in 1b 1 day c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway c. CITY OR TOWN Burlington Jct Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) RFD Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Russell Middle Lee Last Graham			4. DATE OF DEATH Month March Day 5 Year 1960		
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/28/59	9. AGE (last birthday) IF UNDER 1 YEAR: Months 5 Days 6 IF UNDER 24 HR: Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Maryville Mo	12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Wilbur Graham		13b. MOTHER'S MAIDEN NAME Jaunita Plymell		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Wilbur Graham Burlington Jct Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Branchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) congenital heart disease 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					INTERVAL BETWEEN ONSET AND DEATH 36 hrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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. Month, Day, Year _____		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
21. I attended the deceased from <u>3/4/60</u> to <u>3/5/60</u> and last saw him alive on <u>3/5/60</u> Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) B. J. Byland			22b. ADDRESS Maryville Mo		22c. DATE SIGNED 3/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/9/60	23c. NAME OF CEMETERY OR CREMATORY Ohio Cemetery	23d. LOCATION (City, town, or county) (State) Burlington Jct Missouri		
24. FUNERAL DIRECTOR ADDRESS J. R. Mann Burlington Jct Mo		25. DATE RECD. BY LOCAL REG. 3-7-60	26. REGISTRAR'S SIGNATURE Bess Holt		

DOCUMENT

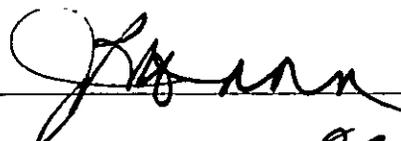
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____

Licensed Embalmer No. 2968

P. O. Address Burl. Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.