

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033645

FILED VS. AUG 16 1960

INDEXED

Registration District No. 274Primary Registration District No. 4547Registrar's No. 22

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Worth</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grant City</b>		c. CITY OR TOWN <b>Grant City</b>	
Length of stay in 1b <b>5 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Glenn Rest Home</b>		d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Rosetta W. Graham</b>		4. DATE OF DEATH Month <b>August</b> Day <b>7</b> Year <b>1960</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 19, 1876</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (last birthday) <b>83</b>
11a. BIRTHPLACE (City and state or country) <b>Sheridan, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>Alfred W. Wake</b>		13b. MOTHER'S MAIDEN NAME <b>Malvina Barnes</b>	
14. NAME OF HUSBAND OR WIFE <b>Challie E. Graham</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Weltha M. Allee - Sheridan, Missouri</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MEDULLARY FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>CEREBRAL ARTERIAL OCCLUSION</b> DUE TO (c) <b>HYPERTENSIVE ARTIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR</b> <b>4 DAYS</b> <b>15+ YEARS</b>	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>	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 <b>GRANT CITY MO.</b>	
20g. COUNTY <b>Sheridan, Missouri</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>Nov. 1959</b> to <b>Aug 7, 1960</b> and last saw her/him alive on <b>Aug 7, 1960</b> Death occurred at <b>6:30 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Richard J. Swift D.O.</b>		22b. ADDRESS <b>GRANT CITY MO.</b>	
22c. DATE SIGNED <b>8-11-60</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Sheridan Cemetery</b>	
22e. LOCATION (City, town, or county) <b>Sheridan, Missouri</b>		22f. STATE <b>Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Aug. 9, 1960</b>	
23c. FUNERAL DIRECTOR <b>Bill Dugler - Grant City</b>		23d. DATE RECD. BY LOCAL REG. <b>August 12 - 1960</b>	
23e. REGISTRAR'S SIGNATURE <b>Leta E. Dawson</b>		23f. (Licensed Embalmer's Statement on Reverse Side)	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 21 1961

**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 Bill A. Dumble

Licensed Embalmer No. 4900

P. O. Address Grant Co

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.