

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037369

FILED VS OCT 27 1960

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5041 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flat Creek TWP		c. CITY OR TOWN Cassville, Mo. RFD	
Length of stay in 1b 5 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 S-W of Cassville		d. STREET ADDRESS (If outside, give location) 2 S-W of Cassville	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First HENRY Middle CLINTON Last GRAHAM			4. DATE OF DEATH Month OCTOBER Day 18 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/23/1896	9. AGE (last birthday) 64	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Webster City, Iowa		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henry L. Graham		13b. MOTHER'S MAIDEN NAME Elvira Adams		
14. NAME OF HUSBAND OR WIFE Elsie Schumaker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #1		16. SOCIAL SECURITY NO. None		
17. INFORMANT Mrs Elsie Graham, Cassville, Mo.		17. 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) Undetermined but evidently coronary thrombosis from history		INTERVAL BETWEEN ONSET AND DEATH Immediate
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)		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 _____ 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 _____ to _____ and last saw him alive on DOA . Death occurred at about 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) Mary Newman, M.D.		22b. ADDRESS Cassville Mo.		22c. DATE SIGNED 10/19/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/18/60	23c. NAME OF CEMETERY OR CREMATORY Graceland Cemetery	23d. LOCATION (City, town, or county) (State) Webster City, Iowa	
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. Oct 18 - 1960	26. REGISTRAR'S SIGNATURE Grace Williams	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 8 AOB

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 Dyle E. Wilbourn

Licensed Embalmer No. 4883
P. O. Address Cassville

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