# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 14 1961

-61-001081
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 26

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF |
|---|---|---|---|---|
| | | | | |

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wright Annex
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 906 E 11th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Kate Middle: Last: Graham
4. DATE OF DEATH: Month: Feb Day: 4 Year: 1961
5. SEX: Female
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 10, 1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Grundy Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Hughes
13b. MOTHER'S MAIDEN NAME: Nancy McAtee
14. NAME OF HUSBAND OR WIFE: Tyra Graham (dec'd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Lesta Watkins Address: Spickard

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 7 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension arteriosclerosis — 1 yr.
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 1-28-61, to 2-4-61 and last saw her alive on 2-3-61
Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. L. Clark (Degree or title): M.D.
22b. ADDRESS: Trenton, Mo.
22c. DATE SIGNED: 2-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 6, 1961
23c. NAME OF CEMETERY OR CREMATORY: Edinburg I 007
23d. LOCATION (City, town, or county): Edinburg (State): Mo.
24. FUNERAL DIRECTOR: Gordon Blackmon ADDRESS: Trenton Mo
25. DATE RECD. BY LOCAL REG.: Feb 6, 1961
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1961

APR 11 1967

**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 Claude H Crawford Jr.

Licensed Embalmer No. 4986

P. O. Address Trenton Mo.

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.