

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3374-61-025185
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED JUL 26 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City	a. STATE Kansas	b. COUNTY WYANDOTTE
Length of stay in 1b 12 Hrs.		c. CITY OR TOWN Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2922 Madison		d. STREET ADDRESS 4 August	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Otto	Middle C	Last Graham	Month 7	Day 4	Year 61
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-27-19	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Perry Iowa	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Ottis Graham		13b. MOTHER'S MAIDEN NAME Muriel Murray		14. NAME OF HUSBAND OR WIFE Beatrice Graham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW II			17. INFORMANT Muriel Murray Address 1835 N 12th St. K.C. Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) myocardial insufficiency		
DUE TO (b) cardiac hypertrophy (cor bovinum)		
DUE TO (c) cirrhosis of liver.		
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 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: _____ Month, Day, Year: _____ a.m. _____ p.m. _____	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 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 Deputy Coroner	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 7/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-16-61	23c. NAME OF CEMETERY OR CREMATORY Ht. Leavenworth
23d. LOCATION (City, town, or county) (State)	Ht. Leavenworth, Kan.	
24. FUNERAL DIRECTOR Manlove and Williams	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 7-6-61
26. REGISTRAR'S SIGNATURE Ruth Long		

DATE AMENDED: 7-10-61, 7-10-61
INSTEAD OF: Muriel Murray, Beatrice Graham
DOCUMENT: Muriel Murray, Beatrice Graham
MEDICAL CERTIFICATION: Muriel Murray, Beatrice Graham
SHOULD READ: Muriel Murray, Beatrice Graham
BY AFFIDAVIT OF Funeral Director: Muriel Murray, Beatrice Graham
ITEM NO.: 17, 14

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K.C., 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.