

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-000014**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ / Primary Registration District No. 3000 Registrar's No. 40

AMENDED

**FILED FEB 5 1962**

1. PLACE OF DEATH  
 a. COUNTY Adair  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville Length of stay in 1b hr. 19 min.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirkville Osteopathic Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Adair  
 c. CITY OR TOWN Kirkville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) KSTC Housing Units Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
Jean Graham

4. DATE OF DEATH Month Day Year  
January 31, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 1/31/62 9. AGE (last birthday) 0 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min. 1 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Kirkville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William E. Graham 13b. MOTHER'S MAIDEN NAME Ann Sue Noble 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none 16. SOCIAL SECURITY NO. none 17. INFORMANT Mr. Charles E. Noble - Kirkville, Mo. 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) Prematurity  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown  
 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 Month, Day, Year  
Hour \_\_\_\_\_

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  
January 31, 1962 January 31, 1962 where January 31, 1962

21. I attended the deceased from January 31, 1962 to January 31, 1962 and last saw him/her alive on January 31, 1962  
 Death occurred at 8:45 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) [Signature] 22b. ADDRESS Kirkville, Missouri 22c. DATE SIGNED 2-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/1/62 23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery 23d. LOCATION (City, town, or county) (State) Kirkville, Missouri

24. FUNERAL DIRECTOR Riley Funeral Home, Inc. ADDRESS 415 North Franklin Kirkville, Missouri 25. DATE RECD. BY LOCAL REG. 2-1-1962 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

NELSON D. KING, D.O.

**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 W.K. Jackson

Licensed Embalmer No. 3954

P. O. Address Keshanville

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.