

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-001692

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 293

STATE FILE NUMBER

AMENDED

FILED FEB 6 1962

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| 1. DECEASED a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 40 YEARS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital | | d. STREET ADDRESS (If outside, give location) 5330 Euclid Avenue | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First LOUIS Middle E. Last GRAHAM | | | 4. DATE OF DEATH Month January Day 14 Year 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE Cauc. | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 11/7/97 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months 0 Days 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CLERK | | 10b. KIND OF BUSINESS OR INDUSTRY TRANSPORTATION RAILWAY | | 11. BIRTHPLACE (City and state or country) ROLLA, MISSOURI | |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME REUBEN GRAHAM | | | |
| 13b. MOTHER'S MAIDEN NAME BESSIE UNKNOWN BROWN | | 14. NAME OF HUSBAND OR WIFE Helen Graham | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT 5336 Michigan Avenue Mrs. Frances Yeager, Kansas City, Mo. | |

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| 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) Hypostatic Pneumonia | | |
| DUE TO (b) Dementia | | 72 hrs |
| DUE TO (c) Pyelonephritis Right | | Unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Partial Mechanical Obstruction | | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 6:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> | Month Jan Day 10 Year 1962 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Jan 10, 1962 to Jan 14, 1962 |
| 20g. COUNTY | | 20h. STATE |

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| 21. I attended the deceased from Jan 10, 1962 to Jan 14, 1962 and last saw her/him alive on Jan 15, 1962 . Death occurred at 6:30 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE L. L. Linville (degree or title) | 22b. ADDRESS 201 905 Grand, K.C. MO 64115-62 | 22c. DATE SIGNED 1-15-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE JAN. 17, 1962 | 23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY KANSAS CITY MISSOURI |
| 23d. LOCATION (City, town, or county) | 23e. DATE RECD. BY LOCAL REG. 1-17-62 | |

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| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 1-17-62 | 26. REGISTRAR'S SIGNATURE Ruth Long |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. L. Linville

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

Thomas W. Rowe

Licensed Embalmer No. 4889

P. O. Address Lathrop, 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.