

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-031769

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 25751 Registrar's No. 79

FILED AUG 27 1962

1. PLACE OF DEATH
 a. COUNTY Madison
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredricktown Rural Length of stay in lb 8 hrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt # 2 Box 168 A Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Madison
 c. CITY OR TOWN Fredricktown Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rt # 2 Box 168 A Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last (Type or print) VIRGIE — GRAM 4. DATE OF DEATH Month Day Year August 21, 1962
 5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/29/1898 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months 11 Days 22 IF UNDER 24 HR Hours 2 Min. 0
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Pascola, Mo 12. CITIZEN OF WHAT COUNTRY USA
 13a. FATHER'S NAME Harve Hartwell 13b. MOTHER'S MAIDEN NAME Talitha Jane Hampton 14. NAME OF HUSBAND OR WIFE James E. 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 Rt 2 Box 168 A J E Graham - Fredricktown, Mo -

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH Few hours
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease years
 DUE TO (c) Generalized Arteriosclerosis years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity. 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 July 2, 1961 to Aug 21, 1962 and last saw her her alive on Aug 21, 1962
 Death occurred at 2:50 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E. Michaels M.D. 22b. ADDRESS Fredricktown, Missouri 22c. DATE SIGNED Aug. 24, 62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 8-21-1962 23c. NAME OF CEMETERY OR CREMATORY East Woodlawn Cem. Hayti, Mo. 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR John L. Harmon ADDRESS Hayti, Mo 25. DATE RECD. BY LOCAL REG. 8-24-1962 26. REGISTRAR'S SIGNATURE Flarene Nicka

VS 300 Rev. 4/59
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

SEP 21 1962

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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119
P. O. Address 508 Saline
FREDERICKTOWN MD.

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.