

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-021114

filed JUL 13 1959

37

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 190

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>HENRY</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>URICH - WHITEOAK</b>		Length of stay in 1b		c. CITY OR TOWN <b>URICH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)  Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Henry EVANS Graham</b>				4. DATE OF DEATH Month <b>7</b> Day <b>8</b> Year <b>1959</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-15-1909</b>		
				9. AGE (last birthday) <b>50 yrs.</b>		IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>		11. BIRTHPLACE (City and state or country) <b>Urich, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES L. GRAHAM</b>			13b. MOTHER'S MAIDEN NAME <b>NANNIE C. SADLER</b>			14. NAME OF HUSBAND OR WIFE <b>Lois W. Graham</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO. <b>490-05-9648</b>			17. INFORMANT <b>GORDON GRAHAM, Urich Mo</b> Address		
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) <b>Circulatory Failure</b>							<b>M.I.N.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Occlusion</b>								
DUE TO (c) <b>Gen. Coronary Artery Dis.</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Thrombo Angitis Obliterans</b>						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 checked="" 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 <b>7-8-59</b> to <b>7-8-59</b> and last saw him alive on <b>7-8-59</b> Death occurred at <b>11 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Arthur Douglas Do</b>				22b. ADDRESS <b>717 E Jefferson</b>			22c. DATE SIGNED <b>7-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>7-11-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>URICH</b>		23d. LOCATION (City, town, or county) (State) <b>URICH, HENRY, MO.</b>		
24. FUNERAL DIRECTOR <b>W. J. Brown, Urich Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>7-10-59</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 29 1959

AUG 24 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. R. Kenney

Licensed Embalmer No. 3099  
P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.