

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

NVC-16-009-524

Primary Registration District No. 3042

0041268

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

1. PLACE OF DEATH a. COUNTY Madison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown			c. CITY OR TOWN Arcadia		
Length of stay in 1b 1½ days			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital			d. STREET ADDRESS (If outside, give location) Route 1		
First Walter Middle Scott Last Graham			4. DATE OF DEATH Nov. 3, 1964		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/>	Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-17-1882	9. AGE (last birthday) 82 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY None		
11. BIRTHPLACE (City and state or country) Salem, Mo.			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Emanuel Graham			13b. MOTHER'S MAIDEN NAME Victoria Golden		
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 Ralph Graham, Weingarten, 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)			INTERVAL BETWEEN ONSET AND DEATH 1 Day		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Cerebral Arteriosclerosis. 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)			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 a.m. Month, Day, Year 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
Sept. 13, 1954, to Nov 3, 1964 3:35 A.m.			and last saw him alive on Nov 2, 1964		
21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at					
22a. SIGNATURE (Degree or title) Charles E. McDaniel, M.D.			22b. ADDRESS Fredericktown Missouri		22c. DATE SIGNED Nov 6, 1964
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-5-1964	23c. NAME OF CEMETERY OR CREMATORIAL French Mills Cemetery	23d. LOCATION (City, town, or county) Madison County, MO. (State)	
24. FUNERAL DIRECTOR Sam Najim, Jr.		ADDRESS 209 West Main St. Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 11-6-1964	26. REGISTRAR'S SIGNATURE Charles Brown, Jr. M.D.	

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

*Robert L. Seabough*

Licensed Embalmer No. 5276

P. O. Address *Fredericktown 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.