

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20594

Registrar's No. 257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
		f. STREET ADDRESS (If rural, give location) <b>2512 Spruce Avenue</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Graham</b>	b. (Middle) <b>George</b>	c. (Last) <b>OLDHAM</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1950</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 13, 1903</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 1 HR. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Power &amp; Light Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>James B. Oldham</b>	13b. MOTHER'S MAIDEN NAME <b>Edith M. Chedester</b>	14. NAME OF HUSBAND OR WIFE <b>Pauline M. Oldham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-10-7624</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Pauline M. Oldham</b>	ADDRESS <b>2512 Spruce, KC, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thromboses</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thromboses &amp;</b> DUE TO (c) <b>Acute Pericarditis</b>		<b>12 days.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4901</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **June 12, 1950**, to **June 23, 1950**, that I last saw the deceased alive on **June 22, 1950**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles Jackson Jr. M.D.</b>	23b. ADDRESS <b>Independence Mo</b>	23c. DATE SIGNED <b>6-23-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 25 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Moriah</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 24 1950</b>	REGISTRAR'S SIGNATURE <b>Alvin S. Daley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
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JUN 28 RECD

1951 MAR 27 1951 JUL 24 1950

*Cl. 72600 by [Signature]*

**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 \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2999

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.