

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5004**
904

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH 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, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Raytown	
c. LENGTH OF STAY (In this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 6403 Blue Ridge Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Laurine	c. (Last) Graham	4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 24, 1905	9. AGE (In years last birthday) 46 if UNDER 1 YEAR: Months 5 Days 29 if UNDER 24 HRS: Hours 1 Min 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles L. Buster Sr.	13b. MOTHER'S MAIDEN NAME Maude M. Morris	14. NAME OF HUSBAND OR WIFE Harry William Graham
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NO	16. SOCIAL SECURITY NO. XXXXXXXX 486-03-7901	17. INFORMANT'S SIGNATURE OR NAME Harry Wm. Graham	ADDRESS Raytown, Missouri.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) ??		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			330X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 **1 '9**, **1952**, to **2 '03**, **1952**, that I last saw the deceased alive on **2 '23**, **1952**, and that death occurred at **2 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack M. Davis (Degree or title)	23b. ADDRESS Raytown, Mo.	23c. DATE SIGNED 2 '25 '52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	24d. LOCATION (City, town, or county) (State) Jackson Co. Missouri.
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DATE REC'D BY LOCAL REG. 2-26-52	REGISTRAR'S SIGNATURE Seraldine Holme	25. FUNERAL DIRECTOR'S SIGNATURE Clark Heger	ADDRESS Raytown, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *C. Clark Hagent*

Licensed Embalmer No. *3983*

P. O. Address *Paytown, 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 this body is not embalmed, fact should be so stated above.