

THE DIVISION OF HEALTH OF MISSOURI
 FILED SEP 13 1952 STANDARD CERTIFICATE OF DEATH

State File No. 28063
 3813

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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) OR TOWN Kansas City 3		c. LENGTH OF STAY (In this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 3108 Myrtle		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9th & Vine				57°				
3. NAME OF DECEASED (Type or Print) a. (First) Woodard b. (Middle) T. c. (Last) GRAHAM			4. DATE OF DEATH (Month) (Day) (Year) August 27, 1952					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-29-92		
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Time Keeper			10b. KIND OF BUSINESS OR INDUSTRY KC School Board		11. BIRTHPLACE (City and State or Foreign Country) Wellington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. R. Graham			13b. MOTHER'S MAIDEN NAME Lula Woodard			14. NAME OF HUSBAND OR WIFE Susie B. Graham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Susie B. Graham, 3108 Myrtle, K.C., Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombotic Occlusion ANTECEDENT CAUSES Myocardial Damage DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr. 1 yr. 1 yr. 4201		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>1-31, 1952</u> , to <u>8-27, 1952</u> , that I last saw the deceased alive on <u>8-27, 1952</u> , and that death occurred at <u>3:00 PM</u> m., from the causes and on the date stated above.								
23a. SIGNATURE M. F. Sewell (Degree or title) MD				23b. ADDRESS 1722 W 39		23c. DATE SIGNED 8-27-52		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-30-52		24c. NAME OF CEMETERY OR CREMATORY Fayette		24d. LOCATION (City, town, or county) (State) Mo.		
DATE REC'D BY LOCAL REG. 8-28-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nellody-McGilley-Eylar, Kansas City, Mo.				

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

Dr. M. F. Sewall
1722 W. 39th
Before 5 - week

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. *7299*

P. O. Address *2007*

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.