

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 28 1952

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 67

1100

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

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u> 1100	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>	b. (Middle) <u>N.</u>	c. (Last) <u>Graham</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 21 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 2 1898</u>	9. AGE (In years last birthday) <u>54</u>	10. MONTH <u>8</u>	11. DAY <u>19</u>	12. HOURS <u>11</u>	13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bunker mo. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Walker</u>	14. NAME OF HUSBAND OR WIFE <u>Clara Graham</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clara Graham Potosi Mo.</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of head.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by shot from a single</u> DUE TO (c) <u>homed shot gun</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>self inflicted.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. PLACE OF SUICIDE (Specify) <u>Home</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Potosi Washington Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 21 1952 4:47 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from no physician, 1952, that I last saw the deceased alive on Nov 19, and that death occurred at 4:47 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph L. Thuman</u> Coroner	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>10-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bunker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bunker Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/22/52</u>	REGISTRAR'S SIGNATURE <u>Arthur Rudall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Luther Sparks</u>	ADDRESS <u>Potosi Mo</u>
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