

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2240**

No. 300
10.48

FILED JAN 30 1953

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5779** Registrar's No. **5**

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

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldon - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION FRANKLIN Township		d. STREET ADDRESS (If rural, give location) FRANKLIN Township	

3. NAME OF DECEASED a. (First) JAMES b. (Middle) ALBERT c. (Last) GRAHAM			4. DATE OF DEATH (Month) (Day) (Year) JAN. 21, 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 26, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miller Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME HENRY GRAHAM	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. NO ONE	17. INFORMANT'S SIGNATURE OR NAME Shelby GRAHAM ADDRESS Eldon
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Spinal Curvature		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Debility		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 19**, 19**53**, to **Jan 21**, 19**53**, that I last saw the deceased alive on **Jan 21**, 19**53**, and that death occurred at _____ m, from the causes and on the date stated above.

23a. SIGNATURE Dr. E. M. ... (Degree or title)	23b. ADDRESS Eldon, Mo.	23c. DATE SIGNED 1/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 23, 1953	24c. NAME OF CEMETERY OR CREMATORY Gott	24d. LOCATION (City, town, or county) (State) BRUMLEY Mo.
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DATE REC'D BY LOCAL REG. Jan. 24, 53	REGISTRAR'S SIGNATURE Alv. ...	192-0	25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips ADDRESS Eldon
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STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
DIVISION OF ANATOMY

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 Louis A. Phillips

Licensed Embalmer No. 3663

P. O. Address Eden

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.