

# STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 26 1954 REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Danville Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Danville Mo</b> 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle) <b>B</b>	c. (Last) <b>Graham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-16-1954</b>
--	------------------------	----------------------	-------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>10-20-1868</b>	9. AGE (In years last birthday) <b>85</b>	# UNDER 1 YEAR Months   Days	# UNDER 1 MRS. Hours   Min.
----------------------	-------------------------------	---	------------------------------------	---	---------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Danville Mo</b> 0	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	--

13a. FATHER'S NAME <b>Sylvester Baker</b>	13b. MOTHER'S MAIDEN NAME <b>Frances Steven</b>	14. NAME OF HUSBAND OR WIFE <b>Benjamin R. Graham "Decd"</b>
---	---	--

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>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Wilmer Harris</b> ADDRESS <b>Memphis Tenn</b>
--	-----------------------------------	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-14-54</b> <b>2-4-54</b> <b>2-16-54</b> <b>Several years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage - left - with HT Nephrosclerosis</b>		
	DUE TO (c) <b>Cerebral Hemorrhage - right with Totalgia</b>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Emphysema - Arteriosclerosis</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **12-21, 1945**, to **2-16, 1954**, that I last saw the deceased alive on **2-16, 1954** and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. J. T. Anderson, M.D.</b>	23b. ADDRESS <b>Montgomery City, Mo</b>	23c. DATE SIGNED <b>2/18/54</b>
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2-19-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Florence Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Florence Mo</b>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <b>2-19-54</b>	REGISTRAR'S SIGNATURE <b>James C. Helm MD</b> 207-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b> ADDRESS <b>Montgomery City Mo</b>
---	---	---

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

JUL 19 1962

MAR 5

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, ~~over~~ on the 16 th day of Feb 1954

working under my personal supervision.

Student Embalmer No.....

C. W. Hopkins

Signed.....

*C. W. Hopkins*

Licensed Embalmer No. 1487

Signed.....

Student Embalmer

P. O. Address Montgomery City 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.