

FILED JUN 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19289

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Rural - Prairie Twp.</u>		c. CITY OR TOWN <u>Harrisonville, Mo</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>402 West Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 1/2 By Pass. 1/2 mi S of #50</u>			

3. NAME OF DECEASED (Type or Print) <u>Truman</u> <u>Harvey</u> <u>Graham</u>			4. DATE OF DEATH <u>June 17-1954</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>m</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>8-30-1928</u>	9. AGE (In years last birthday) <u>25</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sanitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Postoffice</u>	11. BIRTHPLACE (State or foreign country) <u>Sturgeon Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	--	--

13a. FATHER'S NAME <u>Paul Graham</u>	13b. MOTHER'S MAIDEN NAME <u>Nina Mardell</u>	14. NAME OF HUSBAND OR WIFE _____
---------------------------------------	---	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Graham - Harrisonville Mo</u>	ADDRESS _____
--	--	---	---------------

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) <u>Chest + Abdomen Crushed</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>At Seat + Rt Hand fractures</u> DUE TO (c) <u>Fractured pelvis</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u> <u>26</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>History of Infection</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., store) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Mo Mo</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-17-53 3:00 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Motor Collision</u>
--	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh O. Remmers-Corner</u>	(Degree or title)	23b. ADDRESS <u>1034 Pkts. Blvd</u>	23c. DATE SIGNED <u>6-17-53</u>
--	-------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6-17-54</u>	REGISTRAR'S SIGNATURE <u>H. Blangford</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Remmenburger</u>	ADDRESS <u>Home Harrisonville Mo</u>
---	---	--	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

7000

JUN 30 1934

**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 *N B Langford* .....

Licensed Embalmer No. *3233*

P. O. Address *Wes Summit*

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.