No. 300
10-48

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33910

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4681

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 26 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4746 Roanoke Pkwy

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): M.
c. (Last): Graham, Jr.

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 54

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-24-95
9. AGE (In years last birthday): 59 | If under 1 year: Months, Days | If under 1 day: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Administrative Assistant
10b. KIND OF BUSINESS OR INDUSTRY: City Auditors Office
11. BIRTHPLACE (City and State or Foreign Country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Charles W. Graham Sr.
13b. MOTHER'S MAIDEN NAME: Chloe Bruce
14. NAME OF ~~HUSBAND OR~~ WIFE: Vada L. Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 486-054216
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Vada L. Graham
ADDRESS: 4746 Roanoke Pkwy Kansas City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac hypertrophy and dilatation — INTERVAL BETWEEN ONSET AND DEATH: 6 months +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 6 months +
DUE TO (c): 443X
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Perforating peptic ulcer, duodenum — 6 months +
Hypernephroma, kidney
Diffuse granulomatous lung inflammation, lung

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1954, *to* 3 Oct 1954, 1954, *that I last saw the deceased alive on* 30 Sept 1954 *and that death occurred at* 10 15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Stanley L. Goldman
(Degree or title): MD
23b. ADDRESS: Bryant Bldg
23c. DATE SIGNED: 10/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Oct. 5. 1954
24c. NAME OF ~~CEMETERY OR~~ CREMATORY: D.H. Newcomer's Sons
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 10-8-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D.H. Newcomer's Sons
ADDRESS: 1331-Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 28 195

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bernard L. Loran

Licensed Embalmer No. 426

P. O. Address K.C. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.