

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY <i>Adair</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Adair</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Kirkville</i>	c. LENGTH OF STAY (in this place) <i>1 year</i>	c. CITY OR TOWN <i>Kirkville</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Died at Home</i>		e. STREET ADDRESS (If rural, give location) <i>East Normal St 00130</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Elmer B.</i> b. (Middle) <i>Graham</i> c. (Last) <i>Graham</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan 26 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>March 29 1875</i>
9. AGE (in years last birthday) <i>80</i> 10. IF UNDER 1 YEAR Months <i>10</i> Days <i>6</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Penn</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	13a. FATHER'S NAME <i>George Graham</i>	
13b. MOTHER'S MAIDEN NAME <i>Jane not known</i>		14. NAME OF HUSBAND OR WIFE <i>Sarah Baley</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lawrence Graham Atlanta Mo</i>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic heart disease</i> DUE TO (c) <i>Generalized Arterio-sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 year.</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <i>4200</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <i>April 29, 1954</i> , to <i>Jan. 26, 1956</i> , that I last saw the deceased alive on <i>Jan. 26, 1956</i> , and that death occurred at <i>9:45 pm.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Howard E. Gross, D.O.</i>		23b. ADDRESS <i>Kirkville, Missouri</i>	23c. DATE SIGNED <i>1-27-56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan 29-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>McCabor</i>	24d. LOCATION (City, town, or county) (State) <i>Near Atlanta Mo.</i>
DATE REC'D BY LOCAL REG. <i>1-30-56</i>	REGISTRAR'S SIGNATURE <i>Kate Lambert 1-0</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>H Woodring Atlanta Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

1959  
DEC 8

VS DEC 8 1959

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.....  
Signature of Student Embalmer

Signed.....  
*H M Goodking*

Licensed Embalmer No.....  
175

P. O. Address.....  
Atlanta

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.