

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8443

FILED MAR 27 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>CLARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>LEE</u>	
b. CITY OR TOWN <u>KAHOKA 1</u>		c. CITY OR TOWN <u>MONTROSE</u>	
c. LENGTH OF STAY (in this place) <u>6 Months</u>		d. STREET ADDRESS (If rural, give location) <u>\$140</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BEST NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) <u>JOANNA</u>	a. (First)	b. (Middle)	c. (Last) <u>GRAHAM</u>	4. DATE OF DEATH <u>MARCH 11, 1956</u>
				(Month) (Day) (Year)

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB 29, 1866</u>	9. AGE (In years last birthday) <u>90 Yrs</u>	10. IF UNDER 1 YEAR	11. IF UNDER 15 HRS
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOMEMAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>VEILE, LEE CO, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>NELSON COOPER</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ANNE SIMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>ELMER E GRAHAM</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Harold M. Mehaffey</u>	ADDRESS <u>Burlington, Iowa</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIAL PNEUMONIA</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HEART FAILURE; SENILITY</u> 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)	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 2-10-1956, to 3-11-1956, that I last saw the deceased alive on 3-11-1956, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>A. Channing DO</u> (Degree or title)	23b. ADDRESS <u>Kahoka MO</u>	23c. DATE SIGNED <u>3-12-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>MARCH 11, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MONTROSE</u>	24d. LOCATION (City, town, or county) (State) <u>MONTROSE IOWA</u>
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DATE REC'D BY LOCAL REG. <u>3/19-56</u>	REGISTRAR'S SIGNATURE <u>J.R. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cal Schmidt</u>	ADDRESS <u>Keokuk Iowa</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Calaf

Licensed Embalmer No. 3558

P. O. Address KEOKUC, IOWA

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.