

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5105
STATE FILE NUMBER
412
Registrar's No.

FILED MAR 4 1957

Registration District No. 149 Primary Registration District No. 1002

Health, Welfare, Public Service
300-56
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with the instruction "at" diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
James W. Graham

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF INSTITUTION West Port Rest Home		Length of stay in (In) 2 yrs.	d. STREET ADDRESS 3940 M ^o GEE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) CORNELIUS			4. DATE OF DEATH JAN 27, 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23, 1860	9. AGE (In years last birthday) 96	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Burlington Junction, Mo.	
13. FATHER'S NAME Christian Young			14. MOTHER'S MAIDEN NAME MARY ANN DAVIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT K. C. MO MRS IVA M. DANIEL 5401 Brookside	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mitral regurgitation probably abscessed Hypertension Chronic nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 4 years 3 years 5312
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1955 to Jan 27, 1957 and last saw her him alive on Jan 15, 1957 Death occurred at 2:59 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James W. Graham M. D.			22b. ADDRESS 518 ARGYLE BLDG K. C. Mo		22c. DATE SIGNED 1-29-57
23a. BURIAL, CREMATION, OR REMOVAL (Specify)		23b. DATE 1-29-57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
				23d. LOCATION (City, town, or county) (State) Kansas City, mo.	
24. FUNERAL DIRECTOR D.W. NEWSOME & SONS 1331 K.C. Mo Brush Creek Blvd			25. DATE RECD. BY LOCAL REG. 1-29-57		26. REGISTRAR'S SIGNATURE new Minshall

MAY 24 1965

1110-7-1011

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 *Bernard L. Ford*

Licensed Embalmer No.

P. O. Address *W.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.