

1. Health,
& Welfare
5. Public
Health Service

5. 300
iv. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 27 1957

STANDARD CERTIFICATE OF DEATH

40893

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - Joachim		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Fredericktown		862/ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hosp.		Length of stay in lb Hosp. 1 day	d. STREET ADDRESS 603 W. Main St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Samuel Graham			4. DATE OF DEATH Month Day Year Nov. 12, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 21, 1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min 2 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		100. KIND OF BUSINESS OR INDUSTRY General Contracting	11. BIRTHPLACE (City and state or country) Madison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME P.J. Graham			14. MOTHER'S MAIDEN NAME Hannah Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, major unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT Maurice Graham - Fredericktown, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) General arteriosclerosis DUE TO (c) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 36 hrs. years	
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 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		20g. COUNTY STATE		
21. I attended the deceased from Nov 11, 1957 to Nov. 12, 1957 and last saw him alive on Nov. 11, 1957 Death occurred at 7:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE F. L. Kozal, M.D.			22b. ADDRESS Crystal City, Mo.		22c. DATE SIGNED 11-14-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 14, 1957	23c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery		23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. FUNERAL DIRECTOR W. H. Blawie		ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 11-20-57	26. REGISTRAR'S SIGNATURE Jesse H. Pridgen		

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certificate in the same manner required by 193.140 MoRS 1949.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 26 1957

DEC 2 1957

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 _____

Licensed Embalmer No. 435

P. O. Address FREDERICK

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.