

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

420

STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 46 Primary Registration District No. 5150 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hamilton Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rural - Hamilton Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>40 Yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>01308 Reside on Farm</u>				
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>George</u> Last <u>Graham</u>				4. DATE OF DEATH Month <u>Jan.</u> Day <u>21</u> Year <u>1958</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct. 28, 1890</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Bucklin, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13. FATHER'S NAME <u>Charles Graham</u>				14. MOTHER'S MAIDEN NAME <u>Margaret Flynn</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO. <u>494-40-8918</u>		17. INFORMANT <u>Mrs. Margaret Graham</u>			Address <u>Hamilton, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____		
							DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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.) <u>4201</u>						
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.) <u>Hamilton (rural)</u>		20f. CITY, TOWN, OR LOCATION <u>Caldwell</u>		COUNTY <u>Mo.</u>		STATE	
21. I attended the deceased from <u>Jan. 1, 1957</u> , to <u>January 21, 1958</u> and last saw <u>him</u> alive on <u>Jan 19, 1958</u> . Death occurred at <u>9 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Frank R. Daley, M.D.</u>				(Degree or title)		22b. ADDRESS <u>Hamilton, Missouri</u>		22c. DATE SIGNED <u>1-22-58</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u>		23b. DATE <u>1-24-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kennedy Cem. Kidder Twp.</u>			23d. LOCATION (City, town, or county) (State) <u>Caldwell Co. Missouri</u>		
24. FUNERAL DIRECTOR <u>Morris A. Bram</u>				ADDRESS <u>Hamilton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-28-58</u>		26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u>	

(Licensed Embalmer's Statement on Reverse Side)

health, Welfare, Public Service, 000 -56, 1, 2000 only stated, Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 10 1958

MAY 21 1958
APR 15 1958

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 *Morris W. B...*

Licensed Embalmer No. *39*

P. O. Address *Home*

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.