

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035907

STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 98 Primary Registration District No. 4164 Registrar's No. 96

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Daviess		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Altamont		c. CITY OR TOWN Altamont	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If outside, give location) 0310 ---	
3. NAME OF DECEASED (Type or print) First Middle Last Jamie Ellen Graham		4. DATE OF DEATH Month Day Year October 6 1958	
5. SEX Female	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 July 7, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Hamilton, Missouri
13a. FATHER'S NAME James Baker		13b. MOTHER'S MAIDEN NAME Minnie Kendig	14. NAME OF HUSBAND OR WIFE Abe Graham
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. 491-24-9285	17. INFORMANT Address Abe Graham, Altamont, 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) <i>Coronary - Renal Vascular Disease</i> DUE TO (b) <i>Influenza</i> DUE TO (c) <i>442X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>2 wks</i>
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.) 1.	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 <i>9-21-58</i> to <i>10-6-58</i> and last saw her alive on <i>10-6-58</i> Death occurred at <i>9:30 A.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Floyd E. Nelson M.D.</i>		22b. ADDRESS <i>Gallatin, Mo</i>	
22c. DATE SIGNED <i>10-8-58</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <i>BURIED</i>		23b. DATE <i>10-8-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Brown Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Gallatin, Mo.</i>	
24. FUNERAL DIRECTOR <i>Hope Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>10-15-58</i>	
26. REGISTRAR'S SIGNATURE <i>Therese Engelhart</i>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *L. C. Dickerson*

Licensed Embalmer No. *3302*

P. O. Address *Tollatin*

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.