

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006191

STATE FILE NUMBER

FILED FEB 17 1959 Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 3

300
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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holden | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Holden <i>0510</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Holden Hospital | | Length of stay in 1b 1 week | d. STREET ADDRESS (If outside, give location) R.F.D. Holden, Mo. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) GEORGE <i>First</i> BARNETT <i>Middle</i> GRAHAM <i>Last</i> | | | 4. DATE OF DEATH Feb. 5, 1959 Month Day Year | |
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|--------------------|-------------------------------|---|---------------------------------------|--|---|------------------|
| 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 Dec, 13, 1873 | 9. AGE (In years and birthday) 85 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY own farm | 11. BIRTHPLACE (City and state or country) Centerview, Missouri | 12. CITIZEN OF WHAT COUNTRY? U S.A. |
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| 13. FATHER'S NAME Robert Graham | 14. MOTHER'S MAIDEN NAME Nancy Jane King |
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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) yes Spanish Amer. | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT B. George Graham, Holden, Missouri Address |
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|--|---------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Endocarditis | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Chronic myocarditis | |
| | DUE TO (c) | |

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| 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"/> |
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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. |
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| 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 |
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21. I attended the deceased from **8-9-57** to **2-5-59** and last saw him alive on **2-5-59**
Death occurred at **11:00 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
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| 22a. SIGNATURE James M. Halberg D.O. (Degree or title) | 22b. ADDRESS Holden, Mo | 22c. DATE SIGNED 2/6/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Feb. 8, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery | 23d. LOCATION (City, town, or county) (State) Holden, Missouri |
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| 24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo. | 25. DATE RECD. BY LOCAL REG. 2-13-59 | 26. REGISTRAR'S SIGNATURE Mrs. G.D. Redford |
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APR 22 1959

FEB 24 1959

SEP 9 1959

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 *W. J. Conaway*

Licensed Embalmer No... 343

P. O. Address Holden, M

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