

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012660

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 70 Primary Registration District No. Registrar's No. 23

300
1-57

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1. PLACE OF DEATH a. COUNTY <i>Clark</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Clark</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Vernon township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>New St. Patrick</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 <i>Highway 61</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>Highway 61</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Wilma</i> Middle <i>Gertrude</i> Last <i>Graham</i>			4. DATE OF DEATH Month <i>April</i> Day <i>17</i> Year <i>1959</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Nov. 19-1924</i>	9. AGE (In years) <i>34</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeping</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>Alva Courtney</i>		13b. MOTHER'S MAIDEN NAME <i>Annabelle Frank</i>		14. NAME OF HUSBAND OR WIFE <i>Alvin Graham</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>485-24-7669</i>	17. INFORMANT <i>Alva Courtney Lurray Mo.</i> Address		

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>Automobile accident</i>		INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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.) <i>Head on Automobile Accident</i>
20c. TIME OF INJURY Hour <i>6</i> p.m. Month <i>4</i> Day <i>17</i> Year <i>59</i>	

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.) <i>Rt-136- U.S.</i>	20f. CITY, TOWN, OR LOCATION <i>Alexandria Rural</i>	COUNTY <i>CLARK</i>	STATE <i>MO.</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) <i>J. H. Channing Do</i> <i>Coroner</i>		22b. ADDRESS <i>Kahoka Mo</i>	22c. DATE SIGNED <i>4-20-59</i>	

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 19-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Camba Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Lurray Mo.</i>
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24. FUNERAL DIRECTOR <i>Alvin D. Tutting</i>	ADDRESS <i>Kahoka Mo</i>	25. DATE RECD. BY LOCAL REG. <i>4/27-59</i>	26. REGISTRAR'S SIGNATURE <i>J. H. Channing</i>
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wm. J. Kraus, Jr.*

Licensed Embalmer No. *4518*
1212 Conant
P. O. Address... *Kaohuk, Isawa*

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.