

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041731

FILED VS DEC 5 1960

132

Primary Registration District No. 3021

Registrar's No. 198

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton		Length of stay in 1b Life		c. CITY OR TOWN Trenton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Annex		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1817 Chicago, Trenton	
				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Mirl May Graham			4. DATE OF DEATH Month Day Year Nov 26 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/8/87	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 2 Days 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George McEllellan Stanturf		13b. MOTHER'S MAIDEN NAME Eva Dell McClure		14. NAME OF HUSBAND OR WIFE Chas. B. Graham	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. None		17. INFORMANT John Graham (Sohn) Address Independence 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) Acute Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)	
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Trenton	COUNTY Missouri	STATE
21. I attended the deceased from Nov 15th 1960 and saw her/him alive on Nov 26th 1960 . Death occurred at 7:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Oliver F. Dwyer MD (Degree or title)		22b. ADDRESS Trenton Mo		22c. DATE SIGNED 12/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/28/60	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Trenton		23d. LOCATION (City, town, or county) (State) Missouri
24. FUNERAL DIRECTOR Wm. Gipson ADDRESS Trenton, Mo		25. DATE RECD. BY LOCAL REG. 12-2-60	26. REGISTRAR'S SIGNATURE Gene Saw	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Richard J. [Signature]*

Licensed Embalmer No. 3109

P. O. Address *Greentown*

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