

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007131

AMENDED

Registration District No. 347Primary Registration District No. 500Registrar's No. 527

STATE FILE NUMBER

FILED VS MAR 2 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>no</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Normandy</u>		Length of stay in 1b <u>28 Days</u>		c. CITY OR TOWN <u>St. Charles</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 <u>Normandy Osteopathic</u>			d. STREET ADDRESS (If outside, give location) <u>Route 2</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Graham</u> Last <u>Graham</u>			4. DATE OF DEATH Month <u>February</u> Day <u>17</u> Year <u>1961</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>5-17-1905</u>	9. AGE (last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>United States Army Record Center</u>		11. BIRTHPLACE (City and state or country) <u>Martinsville, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Richard Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Clara E. Melton</u>	
14. NAME OF HUSBAND OR WIFE <u>Reta Graham</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 1930-1938</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs Reta Graham Rt 2 St Charles 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>Cardiac Arrest</u> DUE TO (b) <u>Pulmonary Infarction</u> DUE TO (c) <u>Pulmonary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>1 hr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Embolism Myocardial Infarction Myeloid Leuemia</u>			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		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>4:00 P.M.</u> Month, Day, Year <u>11-18-60</u>		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 <u>St. Charles</u>		COUNTY <u>St. Charles</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11-18-60</u> to <u>2-17-61</u> and last saw her/him alive on <u>2-17-61</u> Death occurred at <u>4:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>N. C. Gardner M.D.</u>			22b. ADDRESS <u>117 Airport Rd.</u>		22c. DATE SIGNED <u>2/17/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>Feb. 22 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Weldon Spring Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>ST CHARLES Mo.</u>	
24. FUNERAL DIRECTOR <u>Arthur C Baue Inc. St Charles Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>2-23-61</u>		26. REGISTRAR'S SIGNATURE <u>J. M. ...</u>

VS MAR 3 - 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arthur C. Bone

Licensed Embalmer No. 3155

P. O. Address St Charles

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.