

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041767

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 212 Primary Registration District No. 5780 Registrar's No. 35

FILED NOV 28 1961

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

3. NAME OF DECEASED (Type or print) First Middle Last MARTIN BUCKNER GRAHAM			4. DATE OF DEATH Month Day Year Nov. 14, 1961		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-27-86	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in home or place of work, if different from 10b) Farmer & Stockman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Olean, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Samuel David Graham	13b. MOTHER'S MAIDEN NAME Alice Haynes	14. NAME OF HUSBAND OR WIFE Ida Dorl Graham
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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) no	17. INFORMANT Norman Graham	Address Eldon, Mo.
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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) Cerebral Haemorrhage DUE TO (b) Cerebral arterio sclerosis DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 mo
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

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 Eldon	COUNTY Mo	STATE
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21. I attended the deceased from **Aug 1961** to **Nov 14 1961** last saw him alive on **Nov 12 1961**
Death occurred **7:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Shelton (Degree or title)	22b. ADDRESS Eldon Mo	22c. DATE SIGNED Nov 17, 1961
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-61	23c. NAME OF CEMETERY OR CREMATORY Mt Pleasant	23d. LOCATION (City, town, or county) Eldon, Missouri
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24. FUNERAL DIRECTOR Phillips Funeral Home	ADDRESS Eldon, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 17, 1961	26. REGISTRAR'S SIGNATURE Gwendolyn Waltz
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DEC 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Louis W. Phillips*

Licensed Embalmer No. 3663

P. O. Address Calderon

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.