

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001324

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 14

AMENDED

FILED FEB 5 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in 1b 10 days	c. CITY OR TOWN Cainsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ernest Middle Augustua Last Graham			4. DATE OF DEATH Month January Day 27 Year 1962			
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 12-30-79	9. AGE (last birthday) 82	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Livestock & Grain	11. BIRTHPLACE (City and state or country) Harrison County, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A..		
13a. FATHER'S NAME Arthur Graham		13b. MOTHER'S MAIDEN NAME Angeline Harrison		14. NAME OF HUSBAND OR WIFE Linnie Dell Graham		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Linnie Dell Graham, Cainsville, 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) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.	
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"/> N. <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.)				
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		COUNTY	STATE	
21. I attended the deceased from <u>Jan 17-62</u> to <u>Jan 27-62</u> and last saw him alive on <u>Jan 23</u> Death occurred at <u>1:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>M. D. Gearhart</i> (Degree or title) M. D.			22b. ADDRESS Bethany, Missouri.		22c. DATE SIGNED 1-29-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-29-62	23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	23d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.			
24. FUNERAL DIRECTOR E. J. Stoklasa, Cainsville, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 1-29-1962	26. REGISTRAR'S SIGNATURE <i>Jella Maxey</i>		

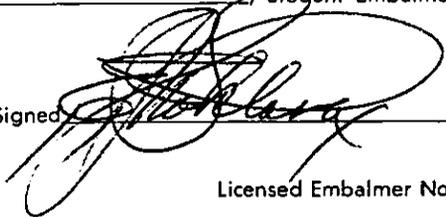
APR 29 1966

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 Eddie J. Stoklasa Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3602

P. O. Address Cainsville, M^o.

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.