

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015590

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 29

FILED APR 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10380

20380

3

4 0

5 1

6

7 0

8 2

9 163X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Albany		Length of stay in 1b 6 years	c. CITY OR TOWN Albany
c. FULL NAME OF (If NOT in hospital, give location) 701 Orton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 701 Orton
3. NAME OF DECEASED (Type or print) FAUNT LEROY GRAHAM		4. DATE OF DEATH April 9, 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/190
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)		10b. KIND OF BUSINESS OR INDUSTRY agriculture	9. AGE (last birthday) 72
11. BIRTHPLACE (City and state or country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John M. Graham		13b. MOTHER'S MAIDEN NAME Laura Crouse	
14. NAME OF HUSBAND OR WIFE Luell Marle Cole		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) unknown	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. F.L. Graham	
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 HEART FAILURE		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Carcinoma of the lung		unknown	
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	
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 July, 1962 to April 9, 1963 and last saw him alive on April 8, 1963 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 <i>Denise Tausner M.D.</i>		22b. ADDRESS Albany, Mo.	
		22c. DATE SIGNED 4/II/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE April 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Grandview (West)	23d. LOCATION (City, town, or county) (State) Albany, Missouri
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home		25. DATE RECD. BY LOCAL REG. 4-11-63	26. REGISTRAR'S SIGNATURE <i>Mrs. L.W. Bare</i>

USE BLACK INK OR TYPEWRITER RIBBON

Recd 4-11-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Donald E. Coeliff

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.