

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-038710

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 270 Primary Registration District No. 6258 Registrar's No. 118

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Wayne</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St Francois</u> | | Length of stay in 1b <u>2 Yr.</u> | c. CITY OR TOWN <u>Patterson R.R. I</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>Home Patterson R.R. I</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside give location) <u>Big Lake Community</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Emily</u> Middle <u>Moore</u> Last <u>Graham</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>4</u> Year <u>1963</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-25-73</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | 9. AGE (last birthday) <u>90</u> |
| 13a. FATHER'S NAME <u>John Kramer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louemma Owens</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | |
| 17. INFORMANT <u>Mrs Earl Cochrum Patterson Mo</u> | | 14. NAME OF HUSBAND OR WIFE <u>Isaac H. Graham</u> (deceased) | |
| 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>C.V.A.</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> | | | <u>15 yrs</u> |
| DUE TO (c) <u>arterio-sclerotic disease</u> | | | <u>20 yrs</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pectus Excavatum</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 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 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>June 1961</u> to <u>Oct. 4, 1963</u> and last saw her <u>him</u> alive on <u>Oct. 4, 1963</u> Death occurred at <u>11:00</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Piedmont, Mo.</u> | 22c. DATE SIGNED <u>10-7-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>10-8-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memories</u> | 23d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>William Cooker Piedmont Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>10-8-63</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

USE BLACK INK OR TYPEWRITER RIBBON

OCT 17 1963

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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.