

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047464

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 476

STATE FILE NUMBER

VS 300
Rev. 4/59

10269
20660
3
4 0
5 3
6
7 0
8 1
9178
10 41
11 066
12 3-0
13 3-0

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 <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b <u>2 days</u>		c. CITY OR TOWN <u>Etherville</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>Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First <u>Elbert</u> Middle <u>Graham</u> Last <u>Graham</u>			4. DATE OF DEATH Month <u>December</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>11-22-15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ernest F. Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Marbel Browning</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		17. INFORMANT <u>Homer Graham</u> Address <u>Independence, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per part) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <u>Traumatic lacerations, multiple with avulsion of tissue, scalp, face, elbows, & knees. Burns, severe, face, arms, hands, back & legs. Shoe due to hemorrhage.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Subarachnoid hemorrhage</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 checked="" 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.) <u>Found in automatic laundry Mat</u>	
20c. TIME OF INJURY Hour <u>8:30 a.m.</u> Month <u>12</u> Day <u>8</u> Year <u>63</u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office, etc.) <u>Automatic Laundry</u> 20f. CITY, TOWN, OR LOCATION <u>Eldon, Miller, Mo.</u>		
21. I attended the deceased from <u>12-8-1963</u> to <u>12-10-63</u> and last saw him alive on <u>12-10-63</u> Death occurred at <u>11:00 A</u> m on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>Kenada Q. Clark, M.D.</u> (Declarant's title)		22b. ADDRESS <u>Jefferson City, Mo.</u>	
22c. DATE SIGNED <u>12-13-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	23d. LOCATION (City, town, or county) (State) <u>Eldon Missouri</u>
24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u> ADDRESS <u>Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>16 December 1963</u>	26. REGISTRAR'S SIGNATURE <u>Merina Richter</u>

USE BLACK INK OR TYPEWRITER RIBBON

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

Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

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.