

FILED JUL 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19999

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 80yr		d. STREET ADDRESS (If rural, give location) 223 West 1st. St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print) TIBITHA MARTHA SELLSTIE GRAHAM	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH June 25, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Jan. 16, 1869	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR Months 5	11 UNDER 24 HRS. Days 9	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jessie Cherry	13b. MOTHER'S MAIDEN NAME Golden	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Earl Graham	ADDRESS Webb City, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1, 1948, to 6-25, 1949, that I last saw the deceased alive on 6-25, 1949, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. R. Gregory (Degree or title)	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 6/25/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-27-49	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville, Missouri
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUNE 25; 1949	REGISTRAR'S SIGNATURE H. S. Foster	37	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hodge-Lewis Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
25

RECEIVED 6-27-49
Jasper County Health Office

County File Number 49-6-497

Date Filed 6-30-49

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
Student Embalmer

Signed

Leonard J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Wells City, 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 this body is not embalmed, fact should be so stated above.