No. 300
10-48

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29171

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 375

2 1 0

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Savannah 2
d. STREET ADDRESS (If rural, give location): 401 S. 1st St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle):
c. (Last): Graham

4. DATE OF DEATH (Month) 9 (Day) 26 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 14, 1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 7, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hopkins Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: James Murray
13b. MOTHER'S MAIDEN NAME: Elizabeth Brigman
14. NAME OF HUSBAND OR WIFE: George Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	2 weeks
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertension	10 years
DUE TO (c)	Cardio-Vascular-Renal Dis	10 years
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	complete bilateral paralysis.	2 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) 331X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-27, 1946, *to* 9-26, 1949, *that I last saw the deceased alive on* 9-24, 1949, *and that death occurred at* 5:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gilbert B. Kelley, M.D.
23b. ADDRESS: Savannah, Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-28-49
24c. NAME OF CEMETERY OR CREMATORY: Savannah Cem
24d. LOCATION (City, town, or county) (State): Savannah Mo

DATE REC'D BY LOCAL REG.: 9-27-49
REGISTRAR'S SIGNATURE: Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE: Breit Funeral Home
ADDRESS: Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1949

AUG 13 1958

RECEIVED
OCT 3 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 R. Lester Brown

Licensed Embalmer No. 4472

P. O. Address Savannah 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.