

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31245

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5892 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Dault</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>rural Dault</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Secumseh Sycamore Ph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>McGarg</u> c. (Last) <u>Graham</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 26, 1868</u>
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>6</u>	11. HOURS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo. 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Middleton</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Graham</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NA</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Lennie Evans</u>		ADDRESS <u>Secumseh Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kidney</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Prostatic Hypertrophy</u> <u>10 yrs</u>	
DUE TO (c)		<u>6/10X</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Carcinoma on right Shoulder</u>		<u>6 MO</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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)	
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?		22. I hereby certify that I attended the deceased from <u>1947</u> , to <u>8-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 24, 1949</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>M. J. Hoerman M.D.</u>		23b. ADDRESS <u>Jamesville, Mo.</u>	
23c. DATE SIGNED <u>9/5/49</u>		24a. BURIAL (CREMATION, REMOVAL) (Specify) <u>rural</u>	
24b. DATE <u>8-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sallee Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ozark Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roller Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>9-5-49</u>		REGISTRAR'S SIGNATURE <u>William Copwell</u>	
ADDRESS <u>Mt. Home, Ark.</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

RECEIVED SEP 16 1949

District Health - Miss. No. 5,

District File Number 104A-1057

Date Filed 10-8-49

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 _____

body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arthur Bruce

Licensed Embalmer No. 4223

P. O. Address W. H. Home, A.

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.