

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10044

State File No.

0430

BIRTH NO.		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4459</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Osceola</u>		c. LENGTH OF STAY in <u>20</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>Osceola</u>		0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ada</u>		b. (Middle) <u>-</u>		c. (Last) <u>Graham</u>		4. DATE OF DEATH <u>3/2/1950</u> (Day) (Year) <u>1950</u> <u>3-2-1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, UNMARRIED <u>MARRIED</u> (Specify)		8. DATE OF BIRTH <u>10/22/1869</u>	
9. AGE (In years by birthday) <u>80</u>		IF UNDER 1 YEAR <u>4</u> Months		IF UNDER 24 HRS. <u>10</u> Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>1</u>		11. BIRTHPLACE (State or foreign country) <u>St. Clair County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Milton J. Graham</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Milton J. Graham</u> ADDRESS <u>Osceola Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia -</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Renal Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</u> <u>yes.</u> <u>593X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>1-25, 1950</u> to <u>3-2, 1950</u> , that I last saw the deceased alive on <u>2-26, 1950</u> , and that death occurred at <u>6: P.M.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>T. H. Jangles, Jr. D.M.D.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>3-2-50</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/4/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holsapple</u>		24d. LOCATION (City, town, or county) (State) <u>Collins Missouri</u>	
DATE REC'D. BY LOCAL REG. <u>3/4/50</u>		REGISTRAR'S SIGNATURE <u>Ruth Seavers 288</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.B. ...</u> ADDRESS			

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

APR 27 1950

RECEIVED
District Health Officer No. 7,
District File Number 3-50-250
Date Filed 4-10-50

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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.