

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37869

State File No.

0730

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

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>5836</u>		Registrar's No. <u>116</u>		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO RURAL</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>R.F.D. #3</u>				d. STREET ADDRESS (If rural, give location) <u>NEOSHO R#3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u>			b. (Middle) <u>ALBERT</u>		c. (Last) <u>GRAHAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14. 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC. 6. 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>HUGGINS KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>SIKE GRAHAM.</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CLOSE</u>		14. NAME OF HUSBAND OR WIFE <u>IDA B. GRAHAM.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IDA B. GRAHAM Neosho 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES MORIBUND 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4341</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) (Min.)		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>Nov 12, 1950</u> , to <u>Nov 14, 1950</u> , that I last saw the deceased alive on <u>Nov 12, 1950</u> , and that death occurred at <u>5:20 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>McCarton M. A.</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>Nov 16 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-16-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEOSHO L.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>223 Neosho Mo</u>				

RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 1150-256
Date Filed 11/28/50

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 _____

Barley Thompson Jr.

Student Embalmer No. 384

working under my personal supervision.

Student Barley Thompson Jr.
Student Embalmer

Signed Barley Thompson Jr.

Licensed Embalmer No. 3259

P. O. Address Neesho 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.