

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43920

State File No.

0990
1

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

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>4482</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Van Buren</u>			
b. CITY OR TOWN <u>Memphis</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Farmington</u>		8140	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucinda</u> b. (Middle) <u>Celesta</u> c. (Last) <u>Graham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 25 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug 29 1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping own house</u>		11. BIRTHPLACE (State or foreign country) <u>Wheeling, West Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. States</u>		13a. FATHER'S NAME <u>Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Albright</u>		14. NAME OF HUSBAND OR WIFE <u>George H. Graham</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed Graham Farmington, Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					19. INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>year</u> <u>4201</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>Dec 25, 1950</u> , to <u>Dec 25, 1950</u> , that I last saw the deceased alive on <u>Dec 25, 1950</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Hillfillan M.D.</u>				23b. ADDRESS <u>Memphis, Tenn</u>		23c. DATE SIGNED <u>1/3/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington Iowa</u>	
DATE REC'D BY LOCAL REG. <u>1/8/1951</u>		REGISTRAR'S SIGNATURE <u>P M Baker</u> 407		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred J. Karle</u>			

Date Received: JAN 19 1951
DISTRICT HEALTH OFFICE
District File Number /-57-
Date Filed: FEB 5 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Fred J. Green

Signed.....
Student Embalmer

Licensed Embalmer No. 1023

P. O. Address Kokomo, Ind.

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.