

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1541

FILED FEB 7 1951

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3177		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) Life time		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		0492			
d. FULL NAME OF HOSPITAL OR INSTITUTION 19 South Madison St.				d. STREET ADDRESS (If rural, give location) 19 S. Madison St.					
3. NAME OF DECEASED a. (First) EARL (Type or Print)			b. (Middle) "HIGH"		c. (Last) GRAHAM		4. DATE OF DEATH (Month) (Day) (Year) January 30, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 26, 1898		9. AGE (In years last birthday) 53 # UNDER 1 YEAR 0 # UNDER 1 YEAR 4 # UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic			10b. KIND OF BUSINESS OR INDUSTRY Mechanic		11. BIRTHPLACE (State or foreign country) Cave Springs, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jeff D. Graham			13b. MOTHER'S MAIDEN NAME Lessie Cherry			14. NAME OF HUSBAND OR WIFE Lillie May Graham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 495-01-6499		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie May Graham Webb City, Mo.					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Transition & pulmonary congestion 3-4 wks DUE TO (c) Tuberculosis 3-4 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Silicosis 001X unknown						INTERVAL BETWEEN ONSET AND DEATH 13 sec 3-4 mos.	
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 Sept 1950, to Jan 29, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.									
23a. SIGNATURE R.K. Saylor			23b. ADDRESS 110 N. Webb St. Webb City, Mo.		23c. DATE SIGNED 1/30/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-1-51		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Missouri			
DATE REC'D BY LOCAL REG. Jan 30-51		REGISTRAR'S SIGNATURE S.L. Hutchett		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.			

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

497

RECEIVED 2-6-51

Jasper County Health Office

County File Number 51-1-83

Date Filed 2-6-51

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.....
Student Embalmer

Signed *Ronald J. Lewis D.*

Licensed Embalmer No. *4561*

P. O. Address *Wells City 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.