

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3534**

FILED JAN 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **4514** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If possible corporate limits, write RURAL and give township) OR TOWN <b>Green City</b>		c. CITY (If possible corporate limits, write RURAL and give township) OR TOWN <b>Green City</b> <b>10:20</b>	
c. LENGTH OF STAY (in this place) <b>12 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Green City</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Annie</b>	b. (Middle) <b>May</b>	c. (Last) <b>Graham</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 8, 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 10, 1872</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>---</b> Days <b>---</b>	IF UNDER 1 HRS. Hours <b>---</b> Min. <b>---</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm home</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio /</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Newton</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ferson</b>	14. NAME OF HUSBAND OR WIFE <b>John Graham</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, on or between) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bessie Hensley, Green City, Mo.</b>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE CIRCULATORY FAILURE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Thrombotic Encephalomalacia</b>		<b>3 mos.</b>
	<b>DUE TO (c) Arteriosclerosis</b>		<b>10 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Prolonged Recumbency, Age.</b>			<b>334 X</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>XXXXXX</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, restaurant, office bldg., etc.) <b>XXXXXX</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>XXXXXXXXXXXX</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>XXXXXX</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>XXXXXXXXXX</b>
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22. I hereby certify that I attended the deceased from **Jan. 8, 1951**, to **Jan. 8, 1951**, that I last saw the deceased alive on **Jan. 3, 1951**, and that death occurred at **11:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert N. Clarke, D.O.</b>	23b. ADDRESS <b>Green City, Missouri</b>	23c. DATE SIGNED <b>Jan. 11 '51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>Jan. 10, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Sullivan Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 13-1951</b>	REGISTRAR'S SIGNATURE <b>Laura Ballatt 415</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Hartman</b>	ADDRESS <b>Green City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050

Date Received: JAN 17 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-57-105  
Date Filed: JAN 21 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Karl R Kent

Licensed Embalmer No. 4689

P. O. Address \_\_\_\_\_

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.