

FILED JUN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. **15536**  
REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004**  
Registrar's No. **35**

0061

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

1. PLACE OF DEATH a. COUNTY <b>BARTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LAMAR</b>		c. LENGTH OF STAY (in this place) <b>44 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LAMAR</b>	
		d. STREET ADDRESS (If rural, give location) <b>1502 GULF</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>CLARISSA</b> b. (Middle) <b>LOVENA</b> c. (Last) <b>GRAHAM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 22 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPTEMBER 26 1880</b>
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>OWN HOME</b>	9. AGE (In years last birthday) Months Days <b>70 7 26</b>
13a. FATHER'S NAME <b>PERRY L. ROBB</b>		13b. MOTHER'S MAIDEN NAME <b>? BOYCE</b>	11. BIRTHPLACE (State or foreign country) <b>WAYNESVILLE, ILLINOIS</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO XXX</b>		16. SOCIAL SECURITY NO. <b>XXX</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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.		14. NAME OF HUSBAND OR WIFE <b>GEORGE W. GRAHAM</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarct</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. OPAL THIEBAUD, LAMAR, MISSOURI</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Sublim</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death</b>	
DUE TO (c) <b>after Cholecystectomy</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Gallstone, 584 x</b>		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) <b>LAMAR Barton Mo</b>	
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 <b>April 15, 1951</b> to <b>May 22, 1951</b> , that I last saw the deceased alive on <b>May 22, 1951</b> , and that death occurred at <b>10:50 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D.R. Guldner M.D.</b>		23b. ADDRESS <b>LAMAR</b>	23c. DATE SIGNED <b>5-25-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>MAY 26 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAKE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LAMAR, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>MAY 25 1951</b>	REGISTRAR'S SIGNATURE <b>Marie Konantz</b> (Licensed Embalmer)	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</b>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED MAY 28 1951

Dist. File 257-9202

Date Filed 5-28-51

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 \_\_\_\_\_

*Carl H. Conantz*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address LAMAR, MISSOURI

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.