

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16115

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

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Franklin.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. LENGTH OF STAY (In this place) <u>28 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		0362	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 E. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>10 E. Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janie</u>			b. (Middle) _____		c. (Last) <u>Graham.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 15th, 1951.</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. 20th, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>25</u>	IF UNDER 1 WK. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-work.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin County.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Phillips.</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>		14. NAME OF HUSBAND <u>W. E. 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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward E. Graham</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>Hypostatic pneumonia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C-V-R disease? yrs</u>							
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					
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) <u>Washington, Mo.</u>	
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? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>2 Jan, 1950,</u> to <u>15 May, 1951,</u> that I last saw the deceased alive on <u>15 May, 1951,</u> and that death occurred at <u>5 P. m.,</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Raymond J. Basso, M.D.</u>				23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>16 May 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>May 16, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>990 Nieburg &amp; Vitt, Inc. Washington, Mo.</u>			

File No.

DISTRICT HEALTH OFFICE No. 4

MAY 21 1951

RECEIVED

**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

*Lester H. Vitt*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3254*

P. O. Address *Washington, Md.*

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.