

FILED SEP 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26127**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5102** Registrar's No. **38**

1. PLACE OF DEATH a. COUNTY <b>Benton</b> <b>0080</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BENTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fristoe "RURAL"</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fristoe 5 miles SE</b>		d. STREET ADDRESS (If rural, give location) <b>0080</b> <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>TELLA</b> b. (Middle) <b>GRAHAM</b> c. (Last) <b>FishBACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 28 1951</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 18-1881</b>		9. AGE (In years last birthday) <b>70</b> <b>3</b> <b>10</b> <b>0</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>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Harper / Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>

13a. FATHER'S NAME <b>Louis Graham</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Messerly</b>		14. NAME OF HUSBAND OR WIFE <b>James R. Fishback</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>486-01-9953</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James R. Fishback Fristoe, Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b> ANTECEDENT CAUSES <b>Essential Hypertension</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>334X</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, barn, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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 **never**, 19\_\_\_, to **never**, 19\_\_\_, that I last saw the deceased alive on **never**, 19\_\_\_, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>G. W. Inverland - Coroner</b>		23b. ADDRESS <b>Cole Camp Mo</b>		23c. DATE SIGNED <b>8-28-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug 30, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fristoe Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fristoe Benton, Mo</b>		
DATE REC'D BY LOCAL REG. <b>Aug 30-1951</b>	REGISTRAR'S SIGNATURE <b>23 Jas. A. Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John F. Keser Warsaw</b>		

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-4-51 \_\_\_\_\_

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 \_\_\_\_\_

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

working under my personal supervision.

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

Signed John F. Pison

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.