

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27615**

FILED AUG 27 1951

BIRTH NO. 124 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 5747 Registrar's No. 44

670

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

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Maryland</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL MADISON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Maryland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>R 0670</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u>	b. (Middle) <u>E.</u>	c. (Last) <u>GRAHAM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-51</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept. 3-1874</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Maryland MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John D. Whitman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Sitzer</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>3</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Byron Sitzer - Maryland</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heart. mitral insufficiency</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2 years +, to Aug 11, 1951, that I last saw the deceased alive on Aug 7/1951, and that death occurred at 331X m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Langford M.D.</u> (Degree or title)	23b. ADDRESS <u>Federicktown MO</u>	23c. DATE SIGNED <u>8-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Pleasant Cemetery Maryland MO</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>8-16-51</u>	REGISTRAR'S SIGNATURE <u>Florence Ticker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. P. Roman</u>	ADDRESS <u>Maryland MO</u>
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MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, N.J.

RECEIVED  
AUG 20 1951  
RECEIVED

FILE NO. 851-44

JUN 3 1955

DEC 4 1958

AUG 31 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.

\_\_\_\_\_

Signed *Stephen Adamson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 857

P. O. Address Fredericktown

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.