

STANDARD CERTIFICATE OF DEATH

State File No. 2653

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. 29 PRIMARY REG. DIST. NO. 3043 Registrar's No. 264

10-500
6440

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

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (In this place) <u>2 DAYS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> <u>0643</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>319 WILLOW ST.</u> <u>0</u>	
3. NAME OF DECEASED a. (First) <u>BESSIE</u> b. (Middle) <u>L.</u> c. (Last) <u>GRAHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>17</u> <u>51</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-27-1893</u>
9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>ILL.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>LEW. STONE</u>		13b. MOTHER'S MAIDEN NAME <u>SADIE LEASE</u>	14. NAME OF HUSBAND OR WIFE <u>ASA 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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Asa Graham Hannibal, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Hemorrhage</u>	
DUE TO (c) <u>Meningitis Arteriosclerotic</u>		?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hypertensive type</u> <u>Keenetic frullitus</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 <u>Oct. 20, 1950</u> , to <u>8-19, 1951</u> , that I last saw the deceased alive on <u>8-17, 1951</u> , and that death occurred at <u>4:55 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>8/20/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-20-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLINT HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SALT RIVER TOWNSHIP, MO</u>
DATE REC'D BY LOCAL REG. <u>8-21-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature]</u>

RECEIVED AUG 28 1951
MARION CO. HEALTH DEPT.
DATE FILED 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.....

Ralph Clark

Student Embalmer No. ***

working under my personal supervision.

Student

Student Embalmer

Signed

Ralph Clark

Licensed Embalmer No. *4217*

P. O. Address *Hannibal, Mo.*

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.