No. 300
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FILED DEC 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42239

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5738 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Rural. LaPlata twp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Macon.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0610 0
d. STREET ADDRESS (If rural, give location): LaPlata twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Lawson Perry
b. (Middle): Graham
c. (Last): Graham

4. DATE OF DEATH (Month) (Day) (Year): 12 - 15 - 1951

5. SEX: M. O
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 12-14-1881
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knox Co. O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Luther Graham
13b. MOTHER'S MAIDEN NAME: Ellen Moncrief
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: no.
17. INFORMANT'S SIGNATURE OR NAME: Wilson U. Graham — ADDRESS: LaPlata Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chroinic Alcoholic
DUE TO (c): Death occurred After

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 11:00 P.M. When last seen

19a. DATE OF OPERATION: ~~[illegible]~~ Man Discovered frozen by Neighbor 12:00 AM Dec. 15
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 3221

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 12 P. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles L. Hutton Coroner
23b. ADDRESS: Macon, Mo.
23c. DATE SIGNED: Dec. 18, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-51
24c. NAME OF CEMETERY OR CREMATORY: LaPlata Cemetery
24d. LOCATION (City, town, or county) (State): LaPlata Mo.

DATE REC'D BY LOCAL REG.: 12-20-51
REGISTRAR'S SIGNATURE: Mrs O. B. Griffin 186
25. FUNERAL DIRECTOR'S SIGNATURE: D. S. Christie — ADDRESS: LaPlata Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12.27.51
MACON COUNTY HEALTH DEPARTMENT
County File No. 12.56.209
Date Filed 12.29.51

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 D. J. Christie

Licensed Embalmer No. 1109

P. O. Address La Plata 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.