

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2373
Registrar's No. 6

S. No. 300
v. 10.48
FILED JAN 8 1952

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

883
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>HOWARD</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		c. LENGTH OF STAY (In this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>GLASGOW</u>		OR TOWN <u>0450</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MCCORMICK Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>GILLIE</u> b. (Middle) <u>CONRAD</u> c. (Last) <u>GRAHAM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1, 1952</u>		
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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>APR 6, 1871</u>	9. AGE (In years of last birthday) <u>80</u>	10. MONTHS	11. DAYS	12. HOURS	13. 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 <u>HER HOME</u>		11. BIRTHPLACE (State or foreign country) <u>CHARITON COUNTY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>JAMES CONRAD</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BALLANGER</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES GRAHAM</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) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. Newman</u>				ADDRESS <u>Glasgow MO</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 year</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>						<u>year</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		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov. 18, 1950, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 6 m., from the causes and on the date stated above.

23a. SIGNATURE <u>w. H. McCormick D.O.</u>		23b. ADDRESS <u>300 1/2 Reed St. Moberly MO.</u>		23c. DATE SIGNED <u>1/2/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN. 3 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Glasgow MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 3-51</u>	REGISTRAR'S SIGNATURE <u>Paul Beeman Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Audley Freeman</u>	ADDRESS <u>Glasgow</u>
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *J. Walker Audsley*
Licensed Embalmer No. *3336*

Signed.....
Student Embalmer

P. O. Address *Glasgow 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.