

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7573**

FILED MAR 17 1952

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY Callaway 0143 2				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Miller 0661			
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. LENGTH OF STAY (In this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) Eldon 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 1				d. STREET ADDRESS (If rural, give location) 8 K			
3. NAME OF DECEASED (Type or Print) a. (First) Florence		b. (Middle) L.		c. (Last) Graham		4. DATE OF DEATH (Month) (Day) (Year) 3 12 1952	
5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1		8. DATE OF BIRTH 3-17-1860	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife own home		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years) IF UNDER 1 YEAR IF UNDER 1 MONTH IF UNDER 1 DAY IF UNDER 1 MIN. 11 25	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Brown		13b. MOTHER'S MAIDEN NAME Sallie McCrack		14. NAME OF HUSBAND OR WIFE James A Graham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital records Fulton, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status epilepticus ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) diabetes mellitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4-14 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X		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, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2-28 , 19 52 , to 3-12 , 19 52 , that I last saw the deceased alive on 3-11 , 19 52 , and that death occurred at 10:40 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M J Miller M.D.				23b. ADDRESS State Hospital Fulton, Mo		23c. DATE SIGNED 3-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Gett		24d. LOCATION (City, town, or county) (State) Illmoire Mo.	
DATE REC'D BY LOCAL REG. Mar-15-1952		REGISTRAR'S SIGNATURE Marretta Lawrence 426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Phillips Celestou			

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

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 Louis M. Phillips

Licensed Embalmer No. 2663

P. O. Address Creole

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.