No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18508

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 1249 Registrar's No. 18

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro Mo
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cedar Grove Nursing Home Hillsboro

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jefferson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hematite 0500
d. STREET ADDRESS (If rural, give location): Hillsboro RR #2 0

3. NAME OF DECEASED (Type or Print)
a. (First): BART.
b. (Middle):
c. (Last): GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): 5-8-1953

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan-13-1873
9. AGE (In years last birthday): 79 — If under 1 year: Months 8, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Own farm.
11. BIRTHPLACE (State or foreign country): Cedar Hill Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Lafayette Graham
13b. MOTHER'S MAIDEN NAME: Elizabeth Hildebrand
14. NAME OF HUSBAND OR WIFE: Emma Christine Graham.

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.: 489-28-2417
17. INFORMANT'S SIGNATURE OR NAME: John Graham
ADDRESS: Hillsboro Mo RR #2

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) Hemorrhage of Brain — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c) Hyper Tension.

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: 331X
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?

22. *I hereby certify that I attended the deceased from* Dec 10 1952, *to* May 9, 1953, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Edwards M.D. Coroner
23b. ADDRESS (Degree or title): Cedar Hill Mo
23c. DATE SIGNED: 5/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-10-53
24c. NAME OF CEMETERY OR CREMATORY: Local Baptist Cem.
24d. LOCATION (City, town, or county): Near Cedar Hill
(State): Mo

DATE REC'D BY LOCAL REG.: 5-12-53
REGISTRAR'S SIGNATURE: Kathleen Marsden
25. FUNERAL DIRECTOR'S SIGNATURE: Hammer Funeral Home
ADDRESS: House Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED MAY 18 1953

MAY 19 1953

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed John H. Brammer

Signed.....
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address House Springs Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.