

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27903

FILED AUG 26 1953

State File No. _____

346

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5136</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beaver Dam, Twp.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Lone Hill Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lone Hill Road</u>				d. STREET ADDRESS (If rural, give location) <u>Lone Hill Road</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>May</u> c. (Last) <u>Graham</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 13, 1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unmarried</u>		8. DATE OF BIRTH <u>April 29, 1937</u>	
9. AGE (In years last birthday) <u>16</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u>9</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Brosley, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>James Graham</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes Parks</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>James Graham</u> ADDRESS <u>Poplar Bluff, Mo Rural</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car turned over in ditch</u> DUE TO (c) <u>crushing her</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E8234</u> <u>92</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Beaver Dam Butler Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 13-53 11:30 Am</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from car and crushed under the car when it tumbled over in ditch</u>			
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 <u>11:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Grover Lee Coomes</u>				23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>Aug 18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cochran Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u>	
DATE REC'D BY LOCAL REG. <u>8/26/53</u>		REGISTRAR'S SIGNATURE <u>W. M. Muehle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u>		ADDRESS <u>Poplar Bluff, Mo.</u>	

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

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RECEIVED

AUG 24 1953
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Wallace R Knight

Licensed Embalmer No. 45614

P. O. Address 412 W. Main
Poplar Bluff

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.