

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34596

State File No.

BIRTH NO. 124 REG. DIST. NO. 806 PRIMARY REG. DIST. NO. 3047 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	c. LENGTH OF STAY (In this place) <u>65 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 So. Maple St.</u>		d. STREET ADDRESS (If rural, give location) <u>117 So. Maple St.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) <u>MARY</u>	b. (Middle) <u>MAGDALENE</u>	c. (Last) <u>GRAHAM</u>	(Month) <u>Oct.</u>	(Day) <u>30</u>	(Year) <u>1954</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>MAY 6, 1889</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>24</u>	Hours <u></u>	Min. <u></u>
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>Home</u>		11. BIRTHPLACE (State or foreign country) <u>MADISON County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Scott Boren</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE MASTERS</u>		14. NAME OF HUSBAND OR WIFE <u>Name</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>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN GRAHAM</u>			ADDRESS <u>Fredericktown, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	DUE TO (b) _____					
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
	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>4201</u>					20. AUTOPSY? YES <input 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)		
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?		

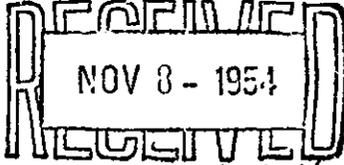
22. I hereby certify that I attended the deceased from 6-7, 1951, to Oct 30, 1954, that I last saw the deceased alive on 10-14, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Geo. W. Johnson, D.O.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>Nov 1, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Masonic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>11-1-54</u>	REGISTRAR'S SIGNATURE <u>Marionne Hicks</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Natim Funeral Home</u>		ADDRESS <u>Fredericktown, Mo.</u>
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MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1154-64

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 Charles McPart

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.