

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19807

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Bonne Terre</u>		c. LENGTH OF STAY (if in this place) <u>16 days</u>	c. CITY OR TOWN <u>Sedgewickville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>			STREET ADDRESS (If rural, give location) <u>No Street Address</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Levi</u>	c. (Last) <u>McGraw</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 9 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 9, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charley McGraw</u>		13b. MOTHER'S MAIDEN NAME <u>Seabaugh</u>		14. NAME OF HUSBAND OR WIFE <u>Mary McGraw</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virgil McGraw Sedgewickville, Mo.</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.	<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u> 6 mo</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b)</p> <p>DUE TO (c) <u>Anterograde heart disease</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes Mellitus</u></p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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) <u>162 X</u>	
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 <u>April, 1954</u> to <u>June 9, 1955</u> , that I last saw the deceased alive on <u>June 9, 1955</u> and that death occurred at <u>7:25 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. E. Conleton, M.D.</u> (Degree or title)			23b. ADDRESS <u>Farmington, Mo.</u>		23c. DATE SIGNED <u>6-9-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 12, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sargent Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>June 9, 1955</u>	REGISTRAR'S SIGNATURE <u>Arthur P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCombs Funeral Home, Jackson, Mo.</u>		

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.....
Signature of Student Embalmer

Signed: *Thos. E. Allen*.....

Licensed Embalmer No. *40*.....

P. O. Address *Jacks*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.