

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006646

State File No.

FILED MAR 10 1959

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Ill</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Martinsburg, Ill</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 yrs</u>		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>909 Junn St</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>FRANKLIN</u>	c. (Last) <u>GRAFFORD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-59</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-21-1871</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Pike Co Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Benjamin Grafford</u>	13b. MOTHER'S MAIDEN NAME <u>Catharine Doman</u>	14. NAME OF HUSBAND OR WIFE <u>Nora</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lothie Maxfield, daughter</u>	ADDRESS <u>909 Junn St</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cyclonephrotic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infection & Prostatic obstruction to urethra</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c) <u>Carcinoma & hypertrophy of prostate gland</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-4-55 to 3-5-59, that I last saw the deceased alive on 3-5-59, and that death occurred at 12:30 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. H. Lewellen MD</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Louisiana Mo</u>	23c. DATE SIGNED <u>3/5/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-8-59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hts</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Ill</u>
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DATE REC'D BY LOCAL REG. <u>Mar 6-59</u>	REGISTRAR'S SIGNATURE <u>Bernice Cullier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Ward</u>	ADDRESS <u>Pleasant Hill Ill</u>
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.