

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020864

FILED JUL 15 1959

Registration District No. 107 Primary Registration District No. 3019 STATE FILE NUMBER 116 Registrar's No. 116

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1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Greenway Rt. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) <u>Dunklin Co. Memorial Hospital</u>		Length of stay in lb <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>2 1/2 East of Greenway</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Omer</u> Middle <u>Guy</u> Last <u>Graddy</u>			4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 15, 1890</u>	9. AGE (In years last birthday) <u>69</u>	FUNDER 1 YEAR Months Days Hours Min.
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 country) <u>White County Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dr. Samuel Graddy</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Graddy</u>	
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>431-76-5690</u>		17. INFORMANT <u>Mrs. Bessie Graddy Greenway, Ark.</u> Address <u>Route # 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Hypertensive C. V. disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus 443X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 yrs</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1957</u> to <u>June 17, 1959</u> and last saw ^{her} him alive on <u>June 17, 1959</u> Death occurred at <u>12:20 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>George C. Russell M.D.</u> (Degree or title)			22b. ADDRESS <u>Kennett Mo</u>		22c. DATE SIGNED <u>6/28/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-18-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Piggott Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Piggott, Arkansas</u>
24. FUNERAL DIRECTOR <u>Lloyd Russell Piggott, Arkansas</u>		25. DATE RECD. BY LOCAL REG. <u>7-8-1959</u>		26. REGISTRAR'S SIGNATURE <u>Earl Husband</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

FEB 17 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by the Student Embalmer No. working under my personal supervision.

Student Signature of Student Embalmer

Signed Gerald W. Hayward

Licensed Embalmer No. 111 E 14

P. O. Address Peggault

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.