

No. 300
10.48

FILED APR 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11259

BIRTH NO. REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <i>Texas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>mo.</i> b. COUNTY <i>Texas 101</i>	
b. CITY OR TOWN <i>Rural Morris</i>		c. CITY OR TOWN <i>Rural Morris 101</i>	
c. LENGTH OF STAY (in this place) <i>2 yrs 3 mos</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Wilford</i> b. (Middle) <i>LEVERNE</i> c. (Last) <i>GRAHAM JR</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 28 1949</i>		
5. SEX <i>m</i>		6. COLOR OR RACE <i>w.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	
8. DATE OF BIRTH <i>Dec 16 1946</i>		9. AGE (in years last birthday) <i>2</i>		10. IF UNDER 1 YEAR Months Days <i>2</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Texas Co. mo.</i>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <i>Wilford L. Graham</i>		13b. MOTHER'S MAIDEN NAME <i>Pauline Kelly</i>		14. NAME OF HUSBAND OR WIFE	
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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) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>ms. Pauline Graham</i>	
				ADDRESS <i>Cabool mo</i>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i> ANTECEDENT CAUSES <i>Bronchitis</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>491A</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i> <i>1 week</i>
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 *March 19, 1949* to *March 28, 1949*, that I last saw the deceased alive on *March 28, 1949* and that death occurred at *9:59 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>H. L. Grizzle, D.O.P.</i>		23b. ADDRESS <i>Cabool, Mo.</i>		23c. DATE SIGNED <i>3/30/49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 29-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Forest</i>	
				24d. LOCATION (City, town, or county) (State) <i>Texas mo.</i>	

DATE REC'D BY LOCAL REG. <i>3-29-49</i>		REGISTRAR'S SIGNATURE <i>Gaynell Cunningham</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayford H. Elliott</i>	
				ADDRESS <i>Cabool mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

10700

RECEIVED

District Health Officer No. 5,

District No. 449 241

Date Filed 11-4-49

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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabool

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.