

FILED SEP 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31519
Registrar's No. 328

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060

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

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri		b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 826 Vernon Ave.		d. STREET ADDRESS (If rural, give location) 826 Vernon Ave.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Henry	b. (Middle) Franklyn	c. (Last) Graham	Sept. 7 1949		

5. SEX Male	6. COLOR OR RACE White U S	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 3 1876	9. AGE (In years last birthday) Months Days 73 2 4	IF UNDER 1 YEAR Hour Min.	IF UNDER 24 HRS. Hour Min.
-----------------------	--------------------------------------	--	--	--	------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Madison County, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
---	---	---	--

13a. FATHER'S NAME Pleasant J Graham	13b. MOTHER'S MAIDEN NAME Hannah Bailey	14. NAME OF HUSBAND OR WIFE Ida Laura Wilson
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 190-01-8939	17. INFORMANT'S SIGNATURE OR NAME Lyda Overall	ADDRESS Farmington, Mo
---	---	--	----------------------------------

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) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 weeks 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardio-renal Vascular Disease		
	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.			472X

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) Farmington St. Francois Mo.
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 **July 17, 1949**, to **Sept. 7, 1949**, that I last saw the deceased alive on **Sept 5, 1949**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE D. Geo. L. Walker, M.D.	(Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 9-8-49
--	-------------------	---------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/10/49	24c. NAME OF CEMETERY OR CREMATORY Wilson Graham Cemetery	24d. LOCATION (City, town, or county) (State) Madison County Missouri
--	-----------------------------	---	---

DATE RECD BY LOCAL REG. Sept. 10, 1949	REGISTRAR'S SIGNATURE Ether Rudlo	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home	ADDRESS Farmington, Mo
--	---	--	----------------------------------

RECEIVED 9-12-49

District Health Officer No. 4

District File Number 949-1204

Date Filed

OCT 5 1949

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 Paul Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.