

FILED DEC 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41778**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **4329** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>Wyatt</b>		c. LENGTH OF STAY (In this place) <b>24 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>P.O. Box 788</b>		d. STREET ADDRESS (If rural, give location) <b>P.O. Box 788</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Omie</b> b. (Middle) <b>Graham</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 5, 1888</b>
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>1</b>	IF UNDER 24 HRS. Days <b>15</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>Dyer County, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Willis Ward</b>	
13b. MOTHER'S MAIDEN NAME <b>Lou Perry</b>		14. NAME OF HUSBAND OR WIFE <b>Geo. Graham, deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Nettie B. Elam,</b>		ADDRESS <b>P.O. Box 788, Wyatt, Mo.</b>	
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) <b>Coronary decompensation and uremia</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiovascular malfunctions</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>  <b>442X</b>	
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) (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 <b>Oct.</b> , 19 <b>47</b> , to <b>Dec 20</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>Dec 19</b> , 19 <b>49</b> , and that death occurred at <b>2:15 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Arthur L. Davis M.D.</b>		23b. ADDRESS <b>Charleston Mo.</b>	
23c. DATE SIGNED <b>12-22-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 26, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Dec. 27, 1949</b>	REGISTRAR'S SIGNATURE <b>Mrs. Lex Kilgore</b>	439	25. FUNERAL DIRECTOR'S SIGNATURE <b>F. D. Sparks</b> ADDRESS <b>Charleston, Mo.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

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JAN 3 1950

DEC 29 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No.  
Date Filed **DEC 29 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.

Signed Frank Sparks

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.