No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15167

State File No. .....

FILED APR 19 1952

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 992

1. PLACE OF DEATH
a. COUNTY St Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Le May
c. LENGTH OF STAY (In this place) 46 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mrs Verna Fuller RR 2 Le May Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill. b. COUNTY Adams.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ursa Twp. 8120
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) ARTHUR c. (Last) GRAHAM

4. DATE OF DEATH (Month) (Day) (Year) Mar 27-1952

5. SEX M. O
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant
8. DATE OF BIRTH April 9-1950
9. AGE (In years last birthday) 1 yr. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Lee Graham
13b. MOTHER'S MAIDEN NAME Helen Woodruff
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Lee Graham ADDRESS Ursa Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute tracheobron-
ANTECEDENT CAUSES Chitis with dehydration.
Morbid 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 Microcephaly
Conditions contributing to the death but not related to the disease or condition causing death. Cleft palate.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 501
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-9-, 1950, *to* 3-27, 1952, *that I last saw the deceased alive on* 12-28, 1951, *and that death occurred at* ..... *m., from the causes and on the date stated above.*

23a. SIGNATURE C. W. Hagler (Degree or title) M.D.
23b. ADDRESS 1101 Maine P.S. Clinic Quincy Ill
23c. DATE SIGNED 4-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 29-1952
24c. NAME OF CEMETERY OR CREMATORY New Providence
24d. LOCATION (City, town, or county) Ursa Twp. (State) Ill.

DATE REC'D BY LOCAL REG. 4-15-52
REGISTRAR'S SIGNATURE Herbert P. Drake M.D.
25. FUNERAL DIRECTOR'S SIGNATURE L. M. Cuny ADDRESS Meridan Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

Baby was hospitalized frequent
by me because of acute respir-
atory infections, with which he
would rapidly become dehydrate
and extremely ill. He was last
seen by me on 12-28-51

C M Hagle

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 L M Curry

Licensed Embalmer No. 5592 Del

P. O. Address Meadow Del

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.