

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21099**

REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **192**

BIRTH NO. \_\_\_\_\_

JUN 17 1952

0570

1

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

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural - Hurricane Township</b>		c. LENGTH OF STAY (in this place) <b>32 yr.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural - Hurricane Township</b>		<b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mile west of Elsberry</b>		d. STREET ADDRESS (If rural, give location) <b>2 mile west of Elsberry</b>	
3. NAME OF DECEASED a. (First) <b>Lelia</b> (Type or Print)		b. (Middle) <b>Ann</b> c. (Last) <b>Graham</b>	
4. DATE OF DEATH (Month) <b>May</b> (Day) <b>31</b> (Year) <b>1952</b>			
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 23, 1965</b>
9. AGE (in years) <b>86</b> last birthday		10. MONTHS <b></b>	11. DAYS <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James L. Hurd</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Green</b>	14. NAME OF HUSBAND OR WIFE <b>Edwin Young Graham</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>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lelia Gray, Elsberry, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>  ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>4222</b>	
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Sept 1937</b> , to <b>May 31, 1952</b> that I last saw the deceased alive on <b>5-31, 1952</b> and that death occurred at <b>4:00 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>A. H. Callaway D.O.</b>		23b. ADDRESS <b>Elsberry Mo</b>	23c. DATE SIGNED <b>6-2-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>June 2, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lenox City Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Lenox, Iowa</b>			
DATE REC'D BY LOCAL REG. <b>6-14-1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Clarence Krentz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Clarence Krentz</b>
		ADDRESS <b>Elsberry, Mo.</b>	

(Licensed Embalmers' Statement on Reverse Side)

**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 *Charles T. ...*

Licensed Embalmer No. 4012

P. O. Address Elberry, 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.