

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16746

State File No. _____

FILED APR 17 1953

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 52

1003
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | |
| c. LENGTH OF STAY (In this place) <u>15 Yr.</u> | | d. STREET ADDRESS (If rural, give location) <u>211 Petty Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>211 Petty Street</u> | | d. STREET ADDRESS (If rural, give location) <u>211 Petty Street</u> | |

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|--|---------------------------------|---|--|---|---------------------|---|--------------------|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> b. (Middle) <u>-----</u> c. (Last) <u>Graham</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1953</u> | | | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Feb. 25, 1893</u> | 9. AGE (In years last birthday) <u>60</u> | 10. MONTHS <u>1</u> | 11. DAYS <u>6</u> | 12. HOURS <u>0</u> | 13. MINUTES <u>0</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>McCool, Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Jessie Ashford</u> | | 13b. MOTHER'S MAIDEN NAME <u>Victoria Knox</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</u> | |
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|---|-------------------------------------|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Meeks</u> ADDRESS <u>211 Petty St, Sikeston</u> | | | |
|---|-------------------------------------|---|--|--|--|

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|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| <p>*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | | <u>6 mos. (Heart)</u> | |
| | | ANTECEDENT CAUSES | | | <u>10 mos. (Heart)</u> | |
| | | II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Nephritis</u> | | | | |
| | | 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. | | | | |

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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>592X</u> | | 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) | |
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| | | | |
|---|--|----------------------------|--|
| 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 2-21-1953, to 3-26-1953, that I last saw the deceased alive on 3-26-1953, and that death occurred at 12:00 Noon, from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|--------------------------------|--|
| 23a. SIGNATURE <u>W. A. Fingal M.D.</u> (Degree or title) | | 23b. ADDRESS <u>204 Locust St. Charleston, Mo.</u> | | 23c. DATE SIGNED <u>4-2-53</u> | |
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|---|-------------------------|--|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-5-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Lant West 9 Sikeston, Mo.</u> | 24d. LOCATION (City, town, or county) (State) | | |
|---|-------------------------|--|---|--|--|

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|---|---|---|---------|
| DATE REC'D BY LOCAL REG. <u>3-31-53</u> | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter 429</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith 1212 Main St.</u> | ADDRESS |
|---|---|---|---------|

RECEIVED

APR 13 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 453.83

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 Ludwig Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.