

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22274**
REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **2222**

FILED JUN 16 1953

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

1. PLACE OF DEATH a. COUNTY NEW MADRID.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI. b. COUNTY NEW MADRID.	
b. CITY OR TOWN NEW MADRID.		c. CITY OR TOWN NEW MADRID (TOWNSHIP)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 9 MILE N.W. OF NEW MADRID	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0720	
3. NAME OF DECEASED a. (First) MARY		b. (Middle) GRAHAM.	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY-20-1953	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH MAY 11 1891
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) NEW MADRID Co. Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY WADE		13b. MOTHER'S MAIDEN NAME JOSIE MINNEWETHER	
14. NAME OF HUSBAND OR WIFE Ed GRAHAM		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ed Graham, Newmadrid 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
DUE TO (b)			
DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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 5-20 , 19 53 , to 5-20 , 19 53 that I last saw the deceased alive on 5-20 , 19 53 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. M. Lorio		23b. ADDRESS Newmadrid Mo.	
23c. DATE SIGNED 5-26-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/24/53	
24c. NAME OF CEMETERY OR CREMATORY KEWANEE		24d. LOCATION (City, town, or county) (State) Newmadrid Mo.	
DATE REC'D BY LOCAL REG. 6-12-53		REGISTRAR'S SIGNATURE Helen Louisa Jones	
FUNDAL DIRECTOR'S SIGNATURE Ed Hedgworth		ADDRESS Newmadrid Mo.	

NOV 13 1959

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. S. Hildguth*

Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.