No. 300
10-48

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17679

State File No.

BIRTH NO. REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PINEY
c. LENGTH OF STAY (In this place): 24 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: MISSOURI
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PINEY
d. STREET ADDRESS (If rural, give location): 2 MI S.W. BUCYRUS

3. NAME OF DECEASED (Type or Print)
a. (First): MILDRED
b. (Middle): RUTH
c. (Last): GRAHAM

4. DATE OF DEATH (Month) (Day) (Year): May 5 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: June 12 1907
9. AGE (In years last birthday): 46
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roby, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Albert Gold
13b. MOTHER'S MAIDEN NAME: Ivan Carter
14. NAME OF HUSBAND OR WIFE: Hugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Hugh Graham
ADDRESS: Bucyrus 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant melanoma — 1½ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 190X

19a. DATE OF OPERATION: Oct. 16 1953
19b. MAJOR FINDINGS OF OPERATION: Metastatic malignant melanoma - Inguinal
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* Oct 1, 1953, *to* 5/5, 1954, *that I last saw the deceased alive on* 5/4, 1954, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon B. Kelly
(Degree or title): M.D.
23b. ADDRESS: Houston Mo.
23c. DATE SIGNED: 5/14/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-8-54
24c. NAME OF CEMETERY OR CREMATORY: German
24d. LOCATION (City, town, or county) (State): Texas Co. Mo.

DATE REC'D BY LOCAL REG.: May 15 54
REGISTRAR'S SIGNATURE: Myrtle Craig
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Elliott Funeral Home Houston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houlton, Me

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.