

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26100

State File No.

REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 6267 Registrar's No. 29

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Jackson</u>		c. CITY OR TOWN <u>Rural Jackson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>11/20</u>
c. LENGTH OF STAY (in this place) <u>4 years</u>		e. STREET ADDRESS (If rural, give location) <u>3 miles East of Elkland Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Cora</u>		b. (Middle) <u>F.</u>	
c. (Last) <u>Graves</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>5</u> (Year) <u>1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 22 1916</u>
9. AGE (in years last birthday) <u>38</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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	11. BIRTHPLACE (City and State or Foreign Country) <u>Alpena Pa Pa. H.K. 1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Alfred Hughey</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Cull</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Elbert Cowen</u>		ADDRESS <u>Elkland Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Heart decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Valvular Intra-aortic lesions</u> <u>years</u> DUE TO (c) <u>Arterio Sclerosis Hypertension</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Extreme Edema</u> <u>6 mos</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-214</u>		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 22, 1954</u> to <u>July 5, 1954</u> , that I last saw the deceased alive on <u>June 25, 1954</u> and that death occurred at <u>3:30 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Phemina M.D.</u>		23b. ADDRESS <u>Buffalo Mo</u>	
23c. DATE SIGNED <u>7-9-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-8-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webster County Mo</u>
DATE REC'D BY LOCAL REG. <u>7-13-54</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u>	
		ADDRESS <u>Markshfield Mo</u>	

(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.....
Signature of Student Embalmer

Signed *Glenn S. Williams*.....

Licensed Embalmer No. *4651*.....

P. O. Address *Marshfield*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.