

FILED FEB 29 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7873

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 4

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wayne</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Wayne</u> |   |
| b. CITY (If location corporate limits, write RURAL and give township) OR TOWN <u>Piedmont</u> |  | c. CITY OR TOWN <u>Piedmont</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place)   |  | e. STREET ADDRESS (If rural, give location) <u>Benton Township 1110</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |   |

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|--|--|--|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MATTIE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>GRAHAM</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>2-15-56</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>Feb. 11, 1876</u> | 9. AGE (In years) (Last birthday) <u>80</u> | IF UNDER 1 YEAR Months <u>4</u> | IF UNDER 24 HRS. Hours <u>7</u> Min. |
|----------------------|-------------------------------|---|---------------------------------------|---|---------------------------------|--------------------------------------|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Piedmont Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|---|---|--|---|

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|---|--|--|
| 13a. FATHER'S NAME <u>Samuel Wallis</u> | 13b. MOTHER'S MAIDEN NAME <u>Ann Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>James R. Graham</u> |
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|  |                         |  |
|--|-------------------------|--|
| 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 <u>Lela Matken</u> ADDRESS <u>Piedmont Mo.</u> |
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|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs</u><br><u>3 yrs</u><br><u>3 yrs</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>hypertension</u> |  |  |
|   | DUE TO (c) <u>arterio sclerosis</u><br>(arterio sclerosis)  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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)<br><u>Benton Wayne Mo</u> |
|--|--|---|

|  |   |                           |
|--|---|---------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR |
|--|---|---------------------------|

22. I hereby certify that I attended the deceased from Jan 1955, to 2-15-1956, that I last saw the deceased alive on 2-14-1956, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>L. E. ...</u> | 23b. ADDRESS <u>Piedmont Mo</u> | 23c. DATE SIGNED <u>2-18-56</u> |
|---|---------------------------------|---------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-17-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Kelly Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo</u> |
|--|--------------------------|--|--|

|   |   |     |   |
|---|---|-----|---|
| DATE REC'D BY LOCAL REG. <u>Feb. 20, 1956</u> | REGISTRAR'S SIGNATURE <u>Nazel Ward</u> | 460 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman H. Dish</u> ADDRESS <u>Piedmont Mo</u> |
|---|---|-----|---|

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

FEB 27 1956  
WAYNE CO. HEALTH CENTER  
FILE NO.

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 *Dr*, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Maurice Bowler*

Licensed Embalmer No. 442

P. O. Address *Quincy*

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.