

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21598**

BIRTH NO. _____ REG. DIST. NO. **300** PRIMARY REG. DIST. NO. **4449** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY TEXAS	
b. CITY (If outside corporate limits, write RURAL and give township) ELLINGTON		c. LENGTH OF STAY (in this place) 3 Wks.	c. CITY OR TOWN LICKING
d. FULL NAME OF HOSPITAL OR INSTITUTION Thos Clark Residence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARtha b. (Middle) MALINDA c. (Last) Graham		4. DATE OF DEATH (Month) (Day) (Year) June 23 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1879 AGE (In years last birthday) 77 Months 7 Days 6 Hours 28 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 (City and State or Foreign Country) St. Francis County Mo.	
13a. FATHER'S NAME John Willis		13b. MOTHER'S MAIDEN NAME JANE DANIELS	14. NAME OF HUSBAND OR WIFE DeCalve Graham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Thos. J. Clark ADDRESS ELLINGTON Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Apoplexy *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* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Regeneration - 6 yrs DUE TO (c) Generalized Arteriosclerosis - 10 yrs II. OTHER SIGNIFICANT CONDITIONS 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)
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 June 21, 1956 , to June 23, 1956 , that I last saw the deceased alive on June 23, 1956 , and that death occurred at 3:00 pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Kenneth T Carter		23b. ADDRESS ELLINGTON Mo.	23c. DATE SIGNED June 23/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 25, 1956	24c. NAME OF CEMETERY OR CREMATORY LICKING CITY	24d. LOCATION (City, town, or county) (State) LICKING Mo.
DATE REC'D BY LOCAL REG. June 27-56	REGISTRAR'S SIGNATURE Essie Evans	25. FUNERAL DIRECTOR'S SIGNATURE Chas S. Lewis ADDRESS ELLINGTON Mo	

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

Received 7-5-56
Reynolds County Hea
File No. 756 - 23

OCT 30 1956

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 Chris S. Lewth

Licensed Embalmer No. 4574

P. O. Address Ellington

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.