

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 16 1959

59-034884

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 162

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 2 hrs.	c. CITY OR TOWN Sikeston
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route #2
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First W. Middle O. Last GRAHAM			4. DATE OF DEATH Month 9 Day 5 Year 1959		
5. SEX M	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1893	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 9 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Grahamville, Ky.		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Oscar Graham		13b. MOTHER'S MAIDEN NAME Willie A. Crawford		14. NAME OF HUSBAND OR WIFE Lena Lewis 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. 492 42 1817		17. INFORMANT Mrs. Lena Graham Sikeston, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH 4 hrs
IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE			
DUE TO (b) GEN. ART. SCLEROSIS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CIRT. HEART. DIS.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1957	20f. CITY, TOWN, OR LOCATION 9.5.59	COUNTY 9.5.59	STATE
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21. I attended the deceased from **2:30** to **9:59** and last saw her alive on **9.5.59**
Death occurred at **A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl G. Poppe M.D.	(Degree or title)	22b. ADDRESS Sikeston, Mo.	22c. DATE SIGNED 9.7.59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-7-1959	23c. NAME OF CEMETERY OR CREMATORY Blodgett Cemetery	23d. LOCATION (City, town, or county) (State) Blodgett, Missouri
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FUNERAL DIRECTOR'S ADDRESS Gene W. Hummel Hummel Funeral Chapel, Sikeston, Mo.	25. DATE RECD. BY LOCAL REG. 9-12-59	26. REGISTRAR'S SIGNATURE Mrs. Ella Hunter
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1958

STATEMENT BY LICENSED EMBALMER
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
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. _____
or by _____, Student Embalmer No. _____

working under my personal supervision.
working under my personal supervision.

Student _____
Student _____
Signature of Student Embalmer
Signature of Student Embalmer

Signed Edward E. Mueller
Signed _____

Licensed Embalmer No. 4164
Licensed Embalmer No. _____
P. O. Address Sikeston, Mo
P. O. Address _____

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).
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, the association of names shall be in the STUDENT'S OWN handwriting.
If this body is not embalmed, fact should be so stated above.
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.