

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4387

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>DUNKLIN</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		d. STREET ADDRESS (If rural, give location) <u>510 Mc CAUL DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DUNKLIN MEMORIAL HOSP</u>		c. LENGTH OF STAY (in this place) <u>15 days</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>ELIZABETH</u>		b. (Middle) <u>ALICE</u>		c. (Last) <u>GRAHAM</u>		(Month) (Day) (Year) <u>FEB. 14, 1955</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. 29, 1859</u>	
9. AGE (In years less birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>OBION CO. TENNESSEE</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WM. FRANKLIN CALLICOTT</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY CRITENDON</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Dougherty Chubb</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				ADDRESS	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		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 <u>4200</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)		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 <u>Jan 30, 1955</u> , to <u>Feb 14, 1955</u> , that I last saw the deceased alive on <u>Feb 14, 1955</u> , and that death occurred at <u>6 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George P. ... MD</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>Feb 14, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-15, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE</u>		24d. LOCATION (City, town, or county) (State) <u>KENNETT, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-17-55</u>		REGISTRAR'S SIGNATURE <u>Carl ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Salmon</u>		ADDRESS <u>Kennett Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0352
00352
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 2-18-55
COUNTY FILE NUMBER 2-55-49

JAN 10 1958

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 Lynman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Fennell, Mo.

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.