

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16925

State File No. _____

FILED JUN 10 1949

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u> <i>ck</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u> <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 24</u>		d. STREET ADDRESS (If rural, give location) <u>Pleasant View Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lewis</u> b. (Middle) _____ c. (Last) <u>McGraw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>May 19, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>general laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joe McGraw</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Cooper</u>	14. NAME OF HUSBAND OR WIFE _____
--------------------------------------	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H.J. Bryson; Centralia, Mo.</u> ADDRESS _____
--	-------------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>being struck by an</u> DUE TO (c) <u>autismotel while running</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>accron highway after a ball</u>		<u>00:15</u> <u>25</u>	
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) <u>X</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. E. Barnum 3 Coronar Moberly Mo</u>	23b. ADDRESS <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>May 30, 1949</u>
24a. BURIAL: CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/31/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>6-4-1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. A. Barnhart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>	ADDRESS <u>Huntsville Mo</u>
--	--	---	------------------------------

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

RECEIVED

District Health Officer No.

District File Number 6-19

Date Filed JUN 8 - 1949

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Md.

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.