

FILED MAR 22 1950

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9414

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Ohio, b. COUNTY Lucas.					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg.		c. LENGTH OF STAY (In this place) 7da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Toledo.		8340			
d. FULL NAME OF HOSPITAL OR INSTITUTION 419 Grover St				d. STREET ADDRESS (If rural, give location) 561, Colburn.					
3. NAME OF DECEASED (Type or Print) Virginia Beatty			a. (First) Virginia		b. (Middle) Beatty		c. (Last) Gracyk.		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married.		8. DATE OF BIRTH June, 13, 1910		9. AGE (In years last birthday) 39	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Warrensburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edward Beatty			13b. MOTHER'S MAIDEN NAME Virginia Powers			14. NAME OF HUSBAND OR WIFE Joseph Gracyk.			
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 ADDRESS Virginia Beatty, Warrensburg, MO.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer - duration 26 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 26 months DUE TO (c) Cancer - left breast with generalized metastases				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION (Supplementary report)				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Mar. 8, 1950, to Mar. 8, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00P m., from the causes and on the date stated above.									
23a. SIGNATURE Arlene Beatty M.D.				23b. ADDRESS 500 1/2 E. 1st, mo		23c. DATE SIGNED Mar 9, 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10, Mar. 1950		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, MO.			
DATE REC'D BY LOCAL REG. Mar. 9, 1950		REGISTRAR'S SIGNATURE Savannah Hutchfield		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips.		ADDRESS Warrensburg, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 22 1950

JOHNSON COUNTY HEALTH DEPT
REGISTERED
MAR 13 1950

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.