

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26657**

FILED SEP 9 1950

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3821** Registrar's No. **106**

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE TRENTON b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON MO		c. CITY (If outside corporate limits, write RURAL and give township) 913 NORMAL 0402	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) IRA	b. (Middle) WILLIS	c. (Last) MCPRAE	4. DATE OF DEATH (Month) (Day) (Year) AUG 22 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH AUG 9, 1859	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 13	IF UNDER 24 HRS. Days 13 Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DR.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) IND	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME WILLIAM MCPRAE	13b. MOTHER'S MAIDEN NAME PRICILLA MCPANDLES	14. NAME OF HUSBAND OR WIFE ELIZABETH MCPRAE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. H. McRae Denver, Colo.	ADDRESS Colo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 794X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dilated & flaccid		
	ANTECEDENT CAUSES Morbidity 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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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 [Signature]	(Degree or title)	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 8/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/24/50	24c. NAME OF CEMETERY OR CREMATORY GREEN GROVE	24d. LOCATION (City, town, or county) (State) NOVINGER MO
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DATE REC'D BY LOCAL REG. 9/23/50	REGISTRAR'S SIGNATURE [Signature]	115	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Trenton
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 9 1956

SEP 12 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles H. Spaw

Signed.....
Student Embalmer

Licensed Embalmer No. *3109*

P. O. Address *Frederick, 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.