

Original
FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36605

BIRTH NO. _____ REG. DIST. NO. 168 PRIMARY REG. DIST. NO. 5423 Registrar's No. 21

350

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Dunklin Mo.		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) Senath, Rural		c. LENGTH OF STAY (in this place) 78		c. CITY (If outside corporate limits, write RURAL and give township) 0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) Rural Salami			
3. NAME OF DECEASED (Type or Print) a. (First) Elias b. (Middle) Vinson c. (Last) McGrew			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1950		
5. SEX M <u>0</u>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed <u>2</u>	8. DATE OF BIRTH Dec. 29, 1971	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Senath, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hamilton McGrew		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Martha Belle (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME J. L. McGraw		ADDRESS Senath, 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) <u>Lobar Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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)		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>10-6</u> , 1950, to <u>11-1-</u> , 1950, that I last saw the deceased alive on <u>11-1-</u> , 1950, and that death occurred at <u>12:25 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) 0		23b. ADDRESS Senath Mo.	
23c. DATE SIGNED 11-2-50		24a. BURIAL / CREMATION, REMOVAL (Specify) Burial <u>0</u>		24b. DATE Nov. 2, 1950	
24c. NAME OF CEMETERY OR CREMATORY McGrew Cemetery		24d. LOCATION (City, town, or county) (State) Senath, Mo. Rural			
DATE REC'D BY LOCAL REG. 11-27-50		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE McDaniel Funeral Service, Inc.	
				ADDRESS Senath, Missouri	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-29-50
COUNTY FILE NUMBER ..150-319..

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.

Signed.....

A. M. Crawford

Signed.....

Student Embalmer

Licensed Embalmer No. *4466*

P. O. Address.....

Summit, 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.