

STANDARD CERTIFICATE OF DEATH

34160

State File No.

FILED OCT 17 1951

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY KNOX		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EDINA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) CATHERINE Mc GRAW			4. DATE OF DEATH (Month) (Day) (Year) OCT 9 1951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 10 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 6 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Granger, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN HAYES		13b. MOTHER'S MAIDEN NAME ANN LYNCH	
14. NAME OF HUSBAND OR WIFE JOHN Mc GRAW		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 <i>John Hayes, Edina, Mo.</i>		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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Hip Joint & Paralysis		INTERVAL BETWEEN ONSET AND DEATH 6 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paralysis of L Side		DUE TO (c) Hemorrhage of Brain		4 years	
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 Not operated on		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e. in or about home, farm, factory, street, office bldg., etc.) Edina		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knox Mo	
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 **Jan 5**, 19**51**, to **Oct 8**, 19**51**, that I last saw the deceased alive on **Oct 8**, 19**51**, and that death occurred at **one P** m., from the causes and on the date stated above.

23a. SIGNATURE <i>H. E. Lunnell M.D.</i>		(Degree or title)		23b. ADDRESS Edina Mo.	
23c. DATE SIGNED Oct 10/51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT 11, 1951	
24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S CATHOLIC		24d. LOCATION (City, town, or county) (State) EDINA MISSOURI		DATE REC'D BY LOCAL REG. OCT-10-1951	
REGISTRAR'S SIGNATURE <i>Della S. Hummel</i>		151		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul C. Kueghaus</i>	
				ADDRESS Edina Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: **OCT 15 1951**
DISTRICT HEALTH OFFICE #2
District File Number *10-57-184*
Date Filed: **OCT 15 1951**

*For record of the body of the deceased
John J. ...*

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

X John J. ...
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Paul C. Kuehhauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.