

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36637

State File No. \_\_\_\_\_  
Registrar's No. 150

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4095</u>		Registrar's No. <u>150</u>	
1. PLACE OF DEATH a. COUNTY <u>CASS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY OR TOWN <u>Drexel, Mo.</u>		c. LENGTH OF STAY (In this place) <u>40 Yrs</u>		c. CITY OR TOWN <u>Drexel, Mo.</u>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Numbers.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARLOW</u>		b. (Middle) <u>HOLMES</u>		c. (Last) <u>MC GREW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/23/1951.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec, 27, 1884.</u>	
9. AGE (In years last birth-day) <u>66</u>		10. UNDER 1 YEAR (Months) (Days) <u>10-26</u>		11. UNDER 24 HRS. (Hours) (Min.)		9. AGE (In years last birth-day) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinary Surgeon.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinary Work.</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>James McGrew</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Holmes</u>	
14. NAME OF HUSBAND OR WIFE <u>Golda Redinger McGrew.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Golda McGrew.</u>				17. ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion - Sudden Death</u> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid 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 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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Nov 23, 1951</u> to _____, 19____, that I last saw the deceased <u>deceased when seen</u> and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Osterweil M. D.</u>		23b. ADDRESS <u>Drexel, Missouri.</u>		23c. DATE SIGNED <u>11/24/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/26/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Allen Kansas Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Allen, Kansas.</u>	
DATE REC'D BY LOCAL REG. <u>11/26/51.</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Drexel, Mo.</u>	

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

0190  
1

RECEIVED  
DEC 1 1951  
CASS COUNTY  
HEALTH DEPARTMENT

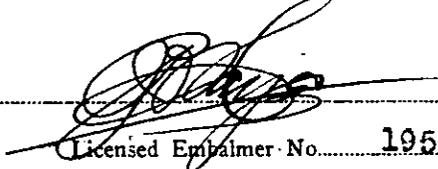
DEC 12 1951

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, ~~of~~ by ~~XXXX~~.....

~~XXXXXX~~  
working under ~~my~~ personal supervision.

Student ~~XXXXXXXXXXXXXXXXXXXX~~  
Student Embalmer

Signed   
Licensed Embalmer No. 1950

P. O. Address Drexel, 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.