

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36686

State File No.

FILED NOV 27 1951

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>120</u>		
1. PLACE OF DEATH a. COUNTY <u>Clay Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>				
b. CITY OR TOWN <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>5 Days</u>		c. CITY OR TOWN <u>Hardin Mo</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>0890</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aubrey</u> b. (Middle) <u>Queen</u> c. (Last) <u>McGraw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-30-51</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>7/8/1895</u>		
9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>22</u>		IF UNDER 24 HRS. Hour <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail Carrier</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Carrier</u>		11. BIRTHPLACE (State or foreign country) <u>Hardin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Thomas McGraw</u>			13b. MOTHER'S MAIDEN NAME <u>Blanche R Mallory</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Jordan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mable Ford</u> ADDRESS <u>Hardin Mo</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis w/ a</u> ANTECEDENT CAUSES <u>hypertension</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>ascites</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2</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) _____ 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 <u>Oct 1</u> , 19 <u>51</u> , to <u>Oct 30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 29</u> , 19 <u>51</u> , and that death occurred at <u>11:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>10-30-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>11/1/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hardin Cem</u>		24d. LOCATION (City, town, or county) (State) <u>1 mile East of Hardin Mo</u>		
DATE REC'D BY LOCAL REG. <u>11/1/51</u>		REGISTRAR'S SIGNATURE <u>Caroline Butchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kuipschild & Borchert</u> ADDRESS <u>Hardin Mo</u>				

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

0242



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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.