

FILED DEC 6 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36837

State File No.

0352

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

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>140</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath (Rural)</u>		<u>1350</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Premont Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Harrison</u> c. (Last) <u>McGrew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24-1951</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>Apr. 19-1892</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			11. BIRTHPLACE (State or foreign country) <u>Senath Mo. Rt. 1</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Eliss Vinson McGrew</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Belle Noonon</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel McGrew</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fred McGrew</u>		ADDRESS <u>Senath Mo. Rt. 1</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES <u>Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Pneumonia</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>11-21-51</u> , to <u>11-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11-24</u> , 19 <u>51</u> , and that death occurred at <u>12:35A</u> hr., from the causes and on the date stated above.								
23a. SIGNATURE <u>L.C. Wilson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>11-24-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McGrew Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Senath Mo. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-24-1951</u>		REGISTRAR'S SIGNATURE <u>Carl S. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leutz ... Kennett Mo</u>				

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT11-26-51.....
COUNTY FILE NUMBER 1151-321...

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.....
Student Embalmer

Signed

Edgar Fred Ford

Licensed Embalmer No. *4433*

P. O. Address *Kennett 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.