

# STANDARD CERTIFICATE OF DEATH

State File No. 4334

FILED MAR 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 9

2420

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Sedgwick</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wichita</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Veterans Administration Hosp. Excelsior Springs, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>2739 S. Holyoke</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>-</u> c. (Last) <u>McDade</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 13, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 29, 1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Odd jobs</u>	9. AGE (In years last birthday) <u>29</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Clearwater, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles McDade</u>	13b. MOTHER'S MAIDEN NAME <u>Elvira Grayson</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy McDade</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give way or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>509186021</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active, bilateral, with cavitation</u>		<u>Unknown</u>
	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 <u>-</u>	19b. MAJOR FINDINGS OF OPERATION <u>-</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Excelsior Springs, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>
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22. I hereby certify that I attended the deceased from Feb. 1, 1951, to Jan. 13, 1952, and that death occurred at 12:35 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. H. Bailey M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo.</u>	23c. DATE SIGNED <u>1-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Citizens Fun. Home</u>	24d. LOCATION (City, town, or county) (State) <u>Wichita, Kans.</u>
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DATE REC'D BY LOCAL REG. <u>2/14/52</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Crum</u> ADDRESS <u>Cameron, Mo</u>
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**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 \_\_\_\_\_

*Harold R. Walker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4588

P. O. Address Sathrop, 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.