

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31736

State File No.

3950

No. 300
10-48

SEP 20 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vernon</u> b. (Middle) <u>Clay</u> c. (Last) <u>McGraw</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W</u>		8. DATE OF BIRTH <u>March 17, 1940</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>		9. AGE (In years last birthday) <u>12 yrs</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Leonard McGraw</u>		13b. MOTHER'S MAIDEN NAME <u>Reveda Heard</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Leonard McGraw</u> ADDRESS <u>Rt. Warrensburg, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bulbar Polio</u>			
		ANTECEDENT CAUSES			
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			0800
		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) _____		
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 8-31, 1952, to 9-5, 1952, that I last saw the deceased alive on 9-5, 1952, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Gilkey</u> (Degree or title) _____		23b. ADDRESS <u>1624 Prof Rdg</u>		23c. DATE SIGNED _____	
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Knob Noster Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>9-6-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u> ADDRESS <u>Kansas City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John R. Sidman
Licensed Embalmer No. 4531
P. O. Address Kansas City, 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.