

FILED MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12408

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 199

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (in this place) 55 Yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1206 Wisconsin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
d. STREET ADDRESS (If rural, give location) 1206 Wisconsin

3. NAME OF DECEASED
a. (First) Grant b. (Middle) Willis c. (Last) McBride

4. DATE OF DEATH (Month) (Day) (Year)
May 1 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 3-31-1869

9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY Grocer & Garage

11. BIRTHPLACE (State or foreign country) / Cleveland, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE Cora Jeaneth Sheppard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, have unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clara Hall Joplin, Mo.

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) Cerebral vascular accident
ANTECEDENT CAUSES DUE TO (b) Hypertension
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Pneumonia
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 3 wks many years 1 wk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1954, to 4/27, 1954, that I last saw the deceased alive on 4/27, 1954 and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry K. Weiman M.D.

23b. ADDRESS 717 Frisco Bldg Joplin

23c. DATE SIGNED 5/3/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4 May 1954

24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial

24d. LOCATION (City, town, or county) (State) Joplin, Missouri

DATE REC'D BY LOCAL REG. 5-3-54

REGISTRAR'S SIGNATURE G. S. James 138 by Selma Sampson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roy P. Dergelt Galena, Kansas

(Licensed Embalmer's Statement on Reverse Side)

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

112 Floor
Federal Bldg

RECEIVED MAY 10 1931
Jasper County Health Office
County File Number 54-503
Date Filed MAY 10 1931

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 _____

DERFELT FUNERAL HOME

GALENA, KANSAS

working under my personal supervision.

Student Embalmer No.

Signed

Roy L. Derfelt

Signed.....

Student Embalmer

Licensed Embalmer No. 4945

P. O. Address *Galena Kansas*

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.