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FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28295
STATE FILE-NUMBER
849 Primary Registration District No. 1002 Registrar's No. 3773

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. # 1		d. STREET ADDRESS 3325 Campbell	

3. NAME OF DECEASED (Type or print) First Middle Last William E McGrew			4. DATE OF DEATH Month Day Year Aug. 10 '57		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 9, 1893	9. AGE (In years last birthday) 64	10. FUNDING YEAR	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Motor car	11. BIRTHPLACE (City and state or country) Success, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.P.
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13a. FATHER'S NAME William McGrew	13b. MOTHER'S MAIDEN NAME no record	14. NAME OF HUSBAND OR WIFE Georgia H. McGrew
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 491-01-4278	17. INFORMANT Georgia H. McGrew K.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema DUE TO (b) Bronchopneumonia DUE TO (c) Pulmonary fibrosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I.(a).		19. INTERVAL BETWEEN ONSET AND DEATH 525k
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Aug. 9- 1957 to Aug. 10, 1957 and last saw him alive on Aug. 10, 1957 Death occurred at 3:55 PM on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) R. A. Burns, M.D.	22b. ADDRESS 24th & Cherry Sts.	22c. DATE SIGNED 8/12/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Aug. 12, 1957	23c. NAME OF CEMETERY OR CREMATORY Shawnee Cemetery	23d. LOCATION (City, town, or county) (State) Shawnee Kans.
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24. FUNERAL DIRECTOR Dates Funeral Home	ADDRESS 41st St. K.C., Mo.	DATE RECD. BY LOCAL REG. 8-12-57	26. REGISTRAR'S SIGNATURE neva mimschall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE (n. m. o. f.)
MEDICAL CERTIFICATION
B. I. Burns

All diseases in Part I must be causally related.



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
Signature of Student Embalmer

Signed *Murray Wilson*

Licensed Embalmer No. *4989*

P. O. Address *Shawna, Ka*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.