

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032830

STATE FILE NUMBER

4366

FILED OCT 1 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN PECULIAR	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE # 2	
Length of stay in lb 9 WEEKS		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last BESSIE Mc GRAW			4. DATE OF DEATH Month Day Year SEPTEMBER 12 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 22, 1873	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) ROCHESTER, NEW YORK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MATTHEW VALLENTINE	13b. MOTHER'S MAIDEN NAME EUSTORIA UNKNOWN	14. NAME OF HUSBAND OR WIFE MARTIN Mc GRAW
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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. NONE	17. INFORMANT HOWARD B. JOPLING, 8333 MERCIER, K.C.	Address
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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) Congestive heart failure Pulmonary edema DUE TO (b) Interochondritic fracture femur DUE TO (c) Non union of fracture of humerus		INTERVAL BETWEEN ONSET AND DEATH Indefinite 9-11-58 7-10-58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Fell at home while attempting to get out of bed
20c. TIME OF INJURY Hour Month, Day, Year p.m. 7-10-58	019

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Peculiar	COUNTY Cass	STATE MO
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21. I attended the deceased from 7-10-58 to 9-12-58 and last saw her alive on 9-12-58  
Death occurred at 9 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Richard H. Kline M.D.	(Degree or title)	22b. ADDRESS 4312 JE Nichols Pky	22c. DATE SIGNED 9-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE SEPT. 13, 1958	23c. NAME OF CEMETERY OR CREMATORY MOUNT MORIAN CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-13-58	26. REGISTRAR'S SIGNATURE Irene Marshall
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(Licensed Embalmer's Statement on Reverse Side)

300  
1-57

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Richard H. Kline

4:30 P.M.



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 *W. H. Nelson* .....

Licensed Embalmer No. *14401* .....  
P. O. Address. *Kansas City* .....

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.