

Health,  
Welfare  
Public  
Service

300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044263  
STATE FILE NUMBER 5673

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

**FILED DEC 18 1958**

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) Inside Limits  
OR TOWN Kansas City Yes  No

c. CITY OR TOWN Kansas City Inside Limits  
Yes  No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb  
HOSPITAL OR INSTITUTION 5103 Forest Ave. 58 yrs

d. STREET ADDRESS (If outside, give location) Reside on Farm  
5103 Forest Ave. Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
(Type or print) THOMAS F. McGRAW Sr. Dec. 1 1958

5. SEX Male 6. COLOR OR Race White 7. MARRIED  NEVER MARRIED   
WIDOWED  / DIVORCED  8. DATE OF BIRTH 4-20-1900

9. AGE (In years last birthday) 58 FUNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Jackson Co. Probate Court 11. BIRTHPLACE (City and state or country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas McGraw 13b. MOTHER'S MAIDEN NAME Hannah Feeley 14. NAME OF HUSBAND OR WIFE Anna M. McGraw

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 Address Thomas McGraw Jr., 5103 Forest Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic heart disease  
DUE TO (c) \_\_\_\_\_  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 6 hours  
2 years

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 1 1958 to Dec 1 1958 and last saw her alive on 12-1-58  
Death occurred at 1:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John T. Skinner MD 22b. ADDRESS 1102 Grand St. OMO 22c. DATE SIGNED 12-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12-3-58 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home  
Woodland-Linwood 25. DATE RECD. BY LOCAL REG. 12-1-58 26. REGISTRAR'S SIGNATURE Neva Marshall

John T. Skinner  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

22

Dr. J. T. Allen  
Bryant Bldg  
Vi 2-7010

1:30 - 5:30

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 *Melvin Barton* .....

Licensed Embalmer No. *4903* .....

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