

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-032285

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 299

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY <b>Cole</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		Length of stay in 1b <b>27 Yrs.</b>	c. CITY OR TOWN <b>Carrollton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. State Penitentiary</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>505 S. Monroe St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Hershel</b> Middle <b>McGrew</b> Last <b>McGrew</b>			4. DATE OF DEATH Month <b>October</b> Day <b>7</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-23-03</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
					IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY <b>United States</b>
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME <b>Ella McKinsey</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT <b>MO. STATE PENITENTIARY</b> Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Heart Failure</b>					INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
DUPLICATE (b) <b>Myocardial Dis.</b>					Not known
DUPLICATE (c) <b>Coronary Occlusion Infarction</b>					Not known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchopneumonia</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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	
21. I attended the deceased <b>Sept 29, 1961</b> and last saw him alive on <b>Oct 7, 1961</b> Death occurred at <b>Jeff - 12:15 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Hugh W. Maffey M. D.</b>			22b. ADDRESS <b>Mo. State Penitentiary</b>		22c. DATE SIGNED <b>10-8-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<b>Removal</b>	<b>Oct. 16, 1961</b>	<b>KIRKSVILLE SCHOOL OF OSTEOPATHY</b>	<b>KIRKSVILLE, MO.</b>		
24. FUNERAL DIRECTOR <b>Thorpe-Gordon, Jeff. City, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>13 October 1961</b>	26. REGISTRAR'S SIGNATURE <b>R.P. Harris M.D. Richter, M.D.</b>	

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTead OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

OCT 19 1961

**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 Bill McLaughlin, Student Embalmer No. 620  
working under my personal supervision.

Student Bill McLaughlin  
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson 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.