

FILED AUG 19 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER  
68 0032572

## CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68Registration District No. 137Primary Registration District No. 4218Registrar's No. 195

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>NELLIE</u>			<u>J.</u>	<u>McGRAW</u>	<u>Female</u>	3. <u>August 13, 1968</u>	
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. <u>White</u>			5a. <u>85</u>	5b. <u>Yes</u>	5c. <u>January 24, 1883</u>	7a. <u>Henry</u>	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS SPECIFY YES OR NO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. <u>Windsor</u>			7c. <u>Yes</u>		7d. <u>Rest Haven Nursing Home</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>			9. <u>U.S.A.</u>		10. <u>Widowed</u>		11. <u></u>
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <u>495-36-5907</u>			13a. <u>Teacher</u>		13b. <u>Education</u>		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Windsor</u>		14d. <u>Yes</u>		
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. <u>Willie</u>			<u>Jerome</u>	<u>Sallie</u>	<u>Thompson</u>		
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. <u>Rev. Frank E. Myers</u>			17b. <u>810 So. Maguire, Warrensburg, Missouri 64093</u>				
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (c), (b), AND (a)]				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			18a. <u>Circulatory Collapse</u>				<u>instant</u>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			18b. <u>Generalized Arteriosclerosis</u>				<u>3 mos.</u>
18c. <u>Diabetes Mellitus</u>							<u>20 years</u>
PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. <u>no</u>			19b. <u>no</u>				19c. <u>no</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. <u></u>		20b. <u></u>	20c. <u></u>	20d. <u></u>			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
21a. <u></u>		21b. <u></u>	21c. <u></u>	21d. <u></u>			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		<u>1</u>	<u>28</u>	<u>67</u>	<u>8</u>	<u>13</u>	<u>'68</u>
21b. DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21c. <u>10:59 A.M.</u>		21d. <u>13</u>		21e. <u>68</u>		21f. <u>10:55</u>	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		HOUR	
22a. <u>William J. Smith, M.D.</u>		22b. <u></u>		22c. <u>8-16-68</u>		22d. <u>10:52 A.M.</u>	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN		STATE		ZIP	
23a. <u>103 W. Colt St.</u>		23b. <u>Windsor</u>		23c. <u>Missouri</u>		23d. <u></u>	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. <u>Burial</u>		24b. <u>Sunset Hill</u>		24c. <u>Warrensburg</u>		24d. <u>Missouri</u>	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		DATE RECEIVED BY LOCAL REGISTRAR			
25a. <u>8-15-68</u>		25b. <u>Holdren Funeral Home, 617 No. Maguire, Warrensburg, Mo. 64093</u>		25c. <u>8-17-68</u>			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25d. <u>Gene E. Holdren</u>		25e. <u>Mildred Bigum</u>		25f. <u>8-17-68</u>			

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

## PARENTS

## CAUSE

## CERTIFIER

## IAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

8-24-68

**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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Warrensburg, 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.