

FILED DEC 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 37986

BIRTH NO. REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4114 Registrar's No. 42

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mendon	
c. LENGTH OF STAY (in this place)		12:10	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Helen	b. (Middle) Elizabeth	c. (Last) McGrew	4. DATE OF DEATH (Month) (Day) (Year) 11/24/52
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9/1901	9. AGE (In years last birthday) 51	10. UNDER 1 YEAR Months 6	11. UNDER 28 HRS. Days 15
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Mendon Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Isaac Smith	13b. MOTHER'S MAIDEN NAME Elizabeth Miller	14. NAME OF HUSBAND OR WIFE George W 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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo. W McGrew Mendon Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Cholecystitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 585X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11-24-52 8:55 p.m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JUNE, 1952, to 11-24, 1952, that I last saw the deceased alive on 11-24-52, 1952, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. H. Payne D.O.	(Degree or title) 2	23b. ADDRESS MENDON	23c. DATE SIGNED 11-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/28/52	24c. NAME OF CEMETERY OR CREMATORY St Joseph	24d. LOCATION (City, town, or county) (State) Near Mendon Mo.
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DATE REC'D BY LOCAL REG. 11-26/52	REGISTRAR'S SIGNATURE Mildred Barnes 560	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. J. Shepard Mendon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

JUL 21 1958

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
Student Embalmer

Signed: *L. L. Leopard*

Licensed Embalmer No. *3970*

P. O. Address: *Memphis 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 this body is not embalmed, fact should be so stated above.

Witnessed by _____