

FILED SEP 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30983

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 378

1. PLACE OF DEATH a. COUNTY <u>Jackson (Rural Plm)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>9511 E. 33rd St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9511 E. 33rd St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Raymond</u> c. (Last) <u>McGrane</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>14</u> <u>54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 6, 1888</u>		9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired - 5 yrs.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cement Finisher</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shullsburg, Wisconsin</u>	
13a. FATHER'S NAME <u>William McGrane</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Maude McGrane</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>495-03-7972</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James P. McGrane</u> ADDRESS <u>506 Walnut Bldg. - Des Moines</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>6 yrs.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from July, 1951, to Sept 14, 1954, that I last saw the deceased alive on April, 1954, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Beigler, M.D.</u> (Degree or title)		23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>9/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/16/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>9-16-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mellody-McGilley-Eylar</u> ADDRESS <u>Kansas City, Mo.</u>	

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

*H. Biggs*

NOV 25 192

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.....  
Licensed Embalmer No.....

*J. B. Lynn*  
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P. O. Address.....

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.