

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1955

State File No. **15522**  
**1882**

|  |                               |  |   |  |   |  |   |   |       |      |
|--|-------------------------------|--|---|--|---|--|---|---|-------|------|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. <u>1882</u>  |   |   |       |      |
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> |   |  |   | b. COUNTY <b>JACKSON</b>  |       |      |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>KANSAS CITY</b>   |                               |  | c. LENGTH OF STAY (in this place)<br><b>LIFE</b>        | c. CITY OR TOWN <b>KANSAS CITY</b>   |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |   |       |      |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>2615 DENVER</b>   |                               |  |   | 34 STREET ADDRESS (If rural, give location)<br><b>2615 DENVER</b>  |   |  |   | <b>33470</b>  |       |      |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>THOMAS</b>  |                               |  | b. (Middle) <b>PATRICK</b>                              |  | c. (Last) <b>McGRAW</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>4 28 55</b> |   |       |      |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>MARRIED</b>                               |   | 8. DATE OF BIRTH <b>Nov 11, 1891</b>   |   | 9. AGE (In years last birthday) <b>63</b>  | IF UNDER 1 YEAR Months                                  | IF UNDER 24 HRS. Days   | Hours | Min. |
| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)<br><b>City Fireman</b>  |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Station #15</b> |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Kansas City, Mo.</b>                   |  |   | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |       |      |
| 13a. FATHER'S NAME<br><b>Edw. Patrick McGraw</b>   |                               |  | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Paul Egan</b>      |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Ethel L. McGraw</b>  |   |   |       |      |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes WWT</b>  |                               |  | 16. SOCIAL SECURITY NO.<br><b>None</b>                  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Ethel L. McGraw-2615 Denver-Kansas City, Mo</b> |  |   |   |       |      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |                               | MEDICAL CERTIFICATION  |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH  |       |      |
|  |                               | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)   |   | <b>Myocardial Infarction</b>   |   |  |   | <b>Immediate</b>  |       |      |
|  |                               | ANTECEDENT CAUSES  |   | DUE TO (b) <b>Auricular fibrillation</b>   |   |  |   | <b>4 mo</b>   |       |      |
|  |                               |  |   | DUE TO (c) <b>Arteriosclerosis</b>   |   |  |   | <b>10 yrs</b>   |       |      |
|  |                               | II. OTHER SIGNIFICANT CONDITIONS   |   | <b>Influenza</b>   |   |  |   | <b>4201 1 week</b>  |       |      |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   |  |   | 20. AUTOPSY?<br>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) (Min.)   |                               | 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 <b>Nov 3, 1954</b> , to <b>Apr 28, 1955</b> , that I last saw the deceased alive on <b>Apr 25, 1955</b> , and that death occurred at <b>3:07 P.m.</b> , from the causes and on the date stated above. |                               |  |   |  |   |  |   |   |       |      |
| 23a. SIGNATURE <b>Daniel F. Hogan MD</b> (Degree or title)   |                               |  |   | 23b. ADDRESS <b>801 1/2 W 39th KC Mo</b>   |   |  | 23c. DATE SIGNED <b>4/29/55</b>                         |   |       |      |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |                               | 24b. DATE <b>4/30/55</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>    |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo</b>                         |  |   |   |       |      |
| DATE REC'D BY LOCAL REG. <b>4-29-55</b>  |                               | REGISTRAR'S SIGNATURE <b>Neva Marshall</b>   |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Melody-McGilley-Eylar-Kansas City, Mo.</b>       |  |   |   |       |      |

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

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 Ivan Miller....., Student Embalmer No. 507 working under my personal supervision..

Student Ivan Miller.....  
Signature of Student Embalmer

Signed Arthur Eugene Clark.....

Licensed Embalmer No. 491.....

P. O. Address K. E. M......

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.