

FILED FEB 6 1956

STANDARD CERTIFICATE OF DEATH

134

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5005 Registrar's No. 17

1. PLACE OF DEATH

a. COUNTY Bates

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler, Mo.

c. LENGTH OF STAY (in this place) 5 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Cass

c. CITY OR TOWN Archie,

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) Rural Austin Township 0190

3. NAME OF DECEASED

a. (First) Allie b. (Middle) Anis c. (Last) McGraw

4. DATE OF DEATH Jan. 27 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 18 1867 9. AGE (In years last birthday) 88 IF UNDER 1 YEAR 3 Months 9 Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Near Fayette Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Morris 13b. MOTHER'S MAIDEN NAME Josephene Moody 14. NAME OF HUSBAND OR WIFE Ambrose Dudley McGraw Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Mr. Harry McGraw ADDRESS Archie, Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) The acute Myelogenous Leukemia -

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 2041

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 31, 1946 to Jan 27, 1956, that I last saw the deceased alive on Jan 27, 1956, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE Chas. A. Luck (Degree or title) MD State Bx. Bldg. Butler Mo

23b. ADDRESS Butler Mo

23c. DATE SIGNED Jan 30 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 30 1956

24c. NAME OF CEMETERY OR CREMATORY Dayton Cemetery

24d. LOCATION (City, town, or county) (State) Dayton, Mo.

DATE REC'D BY LOCAL REG. 27-30-56

REGISTRAR'S SIGNATURE Kendall Hervey 170

25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Brothers ADDRESS Archie, Mo

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert W. Robinson*.....

Licensed Embalmer No. *4902*.....

P. O. Address *Harrisville, Va.*.....

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.