

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4327

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>4134</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SMITHVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. <u>AT HOME</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 6 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORTHA</u>		b. (Middle) <u>HEAN</u>		c. (Last) <u>McGEE</u>		5. SEX <u>FEMALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 3, 1938</u>		9. AGE (In years last birthday) <u>10</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>IN SCHOOL</u>		11. BIRTHPLACE (State or foreign country) <u>PLATTSBURG, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>EVERETT McGEE</u>		13b. MOTHER'S MAIDEN NAME <u>DORTHA LEE ANDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Myrthe McGEE; Smithville, Mo.</u>			
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) <u>Basal Skull Fracture</u>					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Injury Received while Sleigh</u>					
		DUE TO (c) <u>Riding</u>					
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Smithville Clay Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 6 1949 A. M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Sleigh Riding</u>			
22. I hereby certify that I attended the deceased from <u>Feb 6,</u> 19 <u>49</u> , to <u>Feb 6,</u> 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray F. Lowry, M.D.</u>				23b. ADDRESS <u>Smithville, Missouri</u>		23c. DATE SIGNED <u>2-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 9-1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchan</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

24
0
0
0844
47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3-4-49

MAR 21 1949

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 CH

CH

Student Embalmer No. CH

working under my personal supervision.

Student CH

Student Embalmer

Signed Owen Boeggen

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.