

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18870

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARROLL</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		c. LENGTH OF STAY (In this place) <u>6 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARROLLTON</u>		d. STREET ADDRESS (If rural, give location) <u>5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH SIDE HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u> b. (Middle) <u>LENA</u> c. (Last) <u>MCGEEHEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 29, 1949</u>				
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APR. 5, 1889</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CARROLL COUNTY, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH STILWELL</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE WINFREY</u>		14. NAME OF HUSBAND OR WIFE <u>G.A. MCGEEHEE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel McGeehee, Carrollton</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycobacterium</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Rheumatoid Arthritis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7220</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>May 27</u> , 19 <u>49</u> , to <u>May 29</u> , 19 <u>49</u> ; that I last saw the deceased alive on <u>May 29</u> , 19 <u>49</u> , 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>Dr. Ben C. ...</u>				23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>May 29/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GLEAD</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLL COUNTY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/2/49</u>		REGISTRAR'S SIGNATURE <u>Dr. Herbert Calvert</u>		45 25. FUNERAL DIRECTOR'S SIGNATURE <u>Handy Gibson</u>		ADDRESS <u>Carrollton, Mo.</u>	

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

JUN 11 REC'D

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-49

DEC 14 1950

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.....

Wm A Koch

Student Embalmer No. ~~247~~ 247

working under my personal supervision.

Signed *William A Koch*
Student Embalmer

Signed *Ben W Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton 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.