

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26094

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 203			
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place) 4 3 Months		c. CITY (If outside corporate limits, write RURAL and give township). OR TOWN Columbia					
d. FULL NAME OF HOSPITAL OR INSTITUTION Tyler's Convalescent Home				d. STREET ADDRESS (If rural, give location) 1507 E. Broadway					
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle) ALICE		c. (Last) MCGEE		4. DATE OF DEATH (Month) (Day) (Year) August 1, 1949			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20, 1854			
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Carlisle			13b. MOTHER'S MAIDEN NAME Margaret Griffith			14. NAME OF HUSBAND OR WIFE R.W. McGee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unless unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Berkeley Estes, Columbia, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis (Creeping) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old age 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  35(60)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 July 6, 1949, to Aug 1 <sup>st</sup> , 1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Lloyd Simpson M.D.				23b. ADDRESS 4506 Cherry St Columbia		23c. DATE SIGNED Aug 5, 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery		24d. LOCATION (City, town, or county) (State) Boone County, Missouri			
DATE REC'D BY LOCAL REG. August 8 '49		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.			

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

District File Number \_\_\_\_\_  
District Health Officer No. 9

RECEIVED  
AUG 16 1949

AUG 22 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Chas L. Zaring

Licensed Embalmer No. 4132

P. O. Address Calissimica

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.