

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26336

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>154</u>		d. STREET ADDRESS (If rural, give location) <u>South Car No Hosp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>Robert E. B. McFee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8-1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 19-1885</u>	
9. AGE (In years) (Under 1 year last birthday) <u>64</u> (Months) <u>2</u> (Days) <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	
11. BIRTHPLACE (State or foreign country) <u>Metropolis Ill</u>		12. CITIZENSHIP (What country?) <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta DeLaun</u>	
14. NAME OF HUSBAND OR WIFE <u>Miss Myrtle Stevan</u>		ADDRESS <u>Metropolis Ill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Myrtle Stevan</u>		ADDRESS <u>Metropolis Ill</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatitis, Hypertrophy</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis May 1949</u>	
19a. DATE OF OPERATION <u>May 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Enlarged prostate</u>	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2</u>		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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 10, 1947</u> , to <u>Aug 8, 1949</u> , that I last saw the deceased alive on <u>8/7</u> , 1949 and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Robert E. B. McFee</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>	
23c. DATE SIGNED <u>8/9/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Capitol Ave Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Metropolis Ill</u>	
DATE REC'D BY LOCAL REG. <u>8-9-1949</u>		REGISTRAR'S SIGNATURE <u>C. C. Sumner</u>	
44		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe P. Howell</u>	
ADDRESS <u>Cape Girardeau Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4816
4

RECEIVED 8-15-49

Health Officer No. 4

Number 849-1076

Date Filed

SEP 8 1949

SEP 10 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.

Signed W. H. Estes

Signed
Student Embalmer

Licensed Embalmer No. 3568

P. O. Address Poplar Grove

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.