

No. 300  
18-48

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33341**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **68**

|                                                                                             |  |                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clinton</b>                                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cameron</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kidder</b>                                               |  |
| c. LENGTH OF STAY (in this place)                                                           |  | d. STREET ADDRESS (If rural, give location) <b>Made Home with A. F. Look</b>                                                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community Hosp</b>                       |  |                                                                                                                                          |  |

|                                                                                                                   |  |                                            |                                                         |                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Addison</b> b. (Middle) <b>Elliot</b> c. (Last) <b>McKee</b> |  |                                            | 4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 1 1949</b> |                                                                       |  |
| 5. SEX <b>Male</b>                                                                                                |  | 6. COLOR OR RACE <b>White</b>              |                                                         | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> |  |
| 8. DATE OF BIRTH <b>Aug 5 1870</b>                                                                                |  | 9. AGE (In years last birthday) <b>79</b>  |                                                         | 10. MONTHS <b>1</b> DAYS <b>26</b> HOURS <b>-</b> MIN. <b>-</b>       |  |
| 10a. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <b>Retired</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>-</b> |                                                         | 11. BIRTHPLACE (State or foreign country) <b>Caldwell Co., Mo</b>     |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                                                        |  |                                            |                                                         |                                                                       |  |

|                                         |  |                                                 |  |                                                    |  |
|-----------------------------------------|--|-------------------------------------------------|--|----------------------------------------------------|--|
| 13a. FATHER'S NAME <b>Addison McKee</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Lourina Butner</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Mary Emma McKee</b> |  |
|-----------------------------------------|--|-------------------------------------------------|--|----------------------------------------------------|--|

|                                                                                                                |  |                               |  |                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|------------------------------------------------------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. _____ |  | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Raymond E. McKee Mt Vernon Mo</b> |  |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------------|--|------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                               |  |                                                                                                                                                                         |  |  |  |                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute myocardial failure</b>                                                         |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>9-25-49</b> |  |
|                                                                                                                                                                                                                               |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Generalized Arteriosclerosis</b> |  |  |  |                                                 |  |
|                                                                                                                                                                                                                               |  | DUE TO (c) _____                                                                                                                                                        |  |  |  |                                                 |  |
|                                                                                                                                                                                                                               |  | 11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                     |  |  |  | <b>4500</b>                                     |  |

|                              |  |                                        |  |  |  |                                                                                  |  |
|------------------------------|--|----------------------------------------|--|--|--|----------------------------------------------------------------------------------|--|
| 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) _____ |  | 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 **March 1875**, to **Oct 1, 1949**, that I last saw the deceased alive on **Oct 1, 1949**, and that death occurred at **10:22 p.m.**, from the causes and on the date stated above.

|                                                       |  |                         |  |                                 |  |
|-------------------------------------------------------|--|-------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>D. O. Cameron</b> |  | 23b. ADDRESS <b>Mo.</b> |  | 23c. DATE SIGNED <b>10-5-49</b> |  |
|-------------------------------------------------------|--|-------------------------|--|---------------------------------|--|

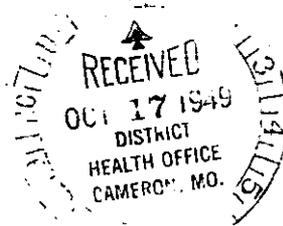
|                                                         |  |                             |  |                                                  |  |                                                                |  |
|---------------------------------------------------------|--|-----------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> |  | 24b. DATE <b>Oct 5-1949</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Kidder</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Kidder Mo</b> |  |
|---------------------------------------------------------|--|-----------------------------|--|--------------------------------------------------|--|----------------------------------------------------------------|--|

|                                             |  |                                               |  |                                                        |  |                            |  |
|---------------------------------------------|--|-----------------------------------------------|--|--------------------------------------------------------|--|----------------------------|--|
| DATE REC'D BY LOCAL REG. <b>Dr. 15 1949</b> |  | REGISTRAR'S SIGNATURE <b>Wimfred W. Moore</b> |  | FUNERAL DIRECTOR'S SIGNATURE <b>Grace Funeral Home</b> |  | ADDRESS <b>Hamilton Mo</b> |  |
|---------------------------------------------|--|-----------------------------------------------|--|--------------------------------------------------------|--|----------------------------|--|

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

NOV 23 1949

OCT 20 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

*R. J. Brown*

Signed.....

Student Embalmer

Licensed Embalmer No. 3052

P. O. Address, Hamilton 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.