

FILED DEC 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39897

BIRTH NO.		REG. DIST. NO. 33	PRIMARY REG. DIST. NO. 6112B	Registrar's No. 24
1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY SCOTT MO		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ILLMO / 31 Yes		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ILLMO. 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS ILLMO. 0		
3. NAME OF DECEASED (Type or Print) a. (First) ELIAS b. (Middle) LEONARD c. (Last) MCGHEE		4. DATE OF DEATH (Month) (Day) (Year) NOV 23 1949		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH JAN 17, 1877	9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (State or foreign country) WHITE COUNTY ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME LEONARD L. MCGHEE		
13b. MOTHER'S MAIDEN NAME LUCINDA TRUAX		14. NAME OF HUSBAND OR WIFE ANNA BROCK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. Don't know		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Norma McGhee Illmo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina & atherosclerosis ANTECEDENT CAUSES DUE TO (b) Sclerosis of coronary artery DUE TO (c) 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 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) m.		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 Nov 29, 1945, to Nov. 23, 1949, that I last saw the deceased alive on Nov. 22, 1949, and that death occurred at 12:10 P.M., from the causes and on the date stated above.				
23a. SIGNATURE Newton Wilson (Degree or title) D.O.S.		23b. ADDRESS Lorupelt, Mo.		23c. DATE SIGNED Nov 23, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 25, 1949	24c. NAME OF CEMETERY OR CREMATORY LIGHTNER	24d. LOCATION (City, town, or county) (State) ILLMO, MO
DATE REC'D BY LOCAL REG. 11-25-49		REGISTRAR'S SIGNATURE G. J. N. 300		25. FUNERAL DIRECTOR'S SIGNATURE Charles Hoff Funeral Home Illmo, Mo

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District Health Office No.

District File Number 1249-1

Date Filed _____

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 Ollive Canuch

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.