

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40530

BIRTH NO. _____ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5257 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Yellow creek		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rothville	
c. LENGTH OF STAY (In this place) 5yrs		d. STREET ADDRESS (If rural, give location) Yellow Creek Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield Mo. R F D			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Angeline	
		c. (Last) McGehee	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1949			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 23 1864
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 0	IF UNDER 2 HRS. Days Hours Min. 27 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Hous ewife	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Geo Fike		13b. MOTHER'S MAIDEN NAME Hannah Morgan	
14. NAME OF HUSBAND OR WIFE Wm. J McGehee			
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. no	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS J E Levett Brookfield Mo. R F D			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (lobar)		INTERVAL BETWEEN ONSET AND DEATH 8 da	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES advanced arterial sclerosis	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		DUE TO (c) chronic nephritis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		490X	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 12-12 49 12-20-49 alive on 12-20-1949, and that death occurred at 10:15 AM ¹⁰ 1949, that I last saw the deceased at _____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John Otis Case D. B. A.		23b. ADDRESS 124 W. Ritchie St Marcelline, Mo	
23c. DATE SIGNED 12-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Dec 22 1949	
24c. NAME OF CEMETERY OR CREMATORY Rothville		24d. LOCATION (City, town, or county) (State) Rothville Mo.	
DATE REC'D BY LOCAL REG. 12/21/49		REGISTRAR'S SIGNATURE Martha Clark 57	
25. FUNERAL DIRECTOR'S SIGNATURE James M'Laughlin		ADDRESS Marcelline Mo	

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

RECEIVED

JAN 4

District Health Officer No. 8,

District File Number.....

Date Filed 1-10-50

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 Francis Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Marceline 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.