

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 536

BIRTH NO. _____		REG. DIST. NO. <u>69</u>		PRIMARY REG. DIST. NO. <u>4121</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>CHRISTIAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHRISTIAN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BILLINGS</u>		0220	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>			b. (Middle) <u>ANDREW</u>		c. (Last) <u>M'GEHEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-17-1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-20-1899</u>		9. AGE (In years last birthday) <u>70</u>	IF OVER 1 YEAR Months Days	IF OVER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM T. M'GEHEE</u>		13b. MOTHER'S MAIDEN NAME <u>ORLENA C. HELM</u>		14. NAME OF HUSBAND OR WIFE <u>TEMPAL. CANTRELL, M'GEHEE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. TEMPAL M'GEHEE, BILLINGS, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>  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 <u>1 Month</u>	
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 <u>November, 1949</u> , to <u>January, 1950</u> , that I last saw the deceased alive on <u>Jan 17, 1950</u> , and that death occurred at <u>1:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Karl I. Leidinger, M.D.</u>				23b. ADDRESS <u>Billings, Mo.</u>		23c. DATE SIGNED <u>19 Jan 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CAMP GROUND</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE CO. MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-19-1950</u>		REGISTRAR'S SIGNATURE <u>Alline Dreier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>	

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

RECEIVED FEB 6 1950

District Health Office No. 6,

District File Number 250-164

Date Filed 2-6-50

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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 John Dean Harris

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

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.