

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5382

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <i>Macon.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph.</i>	
b. CITY OR TOWN <i>Macon</i>		c. CITY OR TOWN <i>Macon</i>	
c. LENGTH OF STAY (in this place) <i>5 Weeks</i>		d. STREET ADDRESS (If rural, give location) <i>310 N. Ruby.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>310 N. Ruby.</i>		d. STREET ADDRESS (If rural, give location) <i>310 N. Ruby.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Austin</i> b. (Middle) <i>Harris</i> c. (Last) <i>McGhee</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 17 1950</i>	
5. SEX: <i>Male</i>	6. COLOR OR RACE: <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 5, 1866</i>
9. AGE (In years last birthday) <i>83</i>		IF UNDER 1 YEAR: Months <i>9</i> Days <i>12</i>	IF UNDER 2 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Macon County Mo</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Joseph McGhee</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Harris</i>	
14. NAME OF HUSBAND OR WIFE <i>Emma McGhee</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Harry McShue</i>		ADDRESS <i>Macon, Mo.</i>	
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) <i>Coronary Artery Thrombosis</i> ANTECEDENT CAUSES DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) <i>Unknown</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>	
INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>			
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) (Min.)		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 <i>Jan 10, 1950</i> , to <i>Jan 17, 1950</i> , that I last saw the deceased alive on <i>Jan 17, 1950</i> , and that death occurred at <i>4:30 P.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>A. L. Nishenko</i> (Degree or title)		23b. ADDRESS <i>Macon</i>	
23c. DATE SIGNED <i>1/24/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan. 19, 1950</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Farmers Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Excelllo Mo.</i>	
DATE REC'D BY LOCAL REG. <i>2/9/50</i>		REGISTRAR'S SIGNATURE <i>195 Ruth McNeely</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Shepherd E. Gooding</i>		ADDRESS <i>Macon, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

612

RECEIVED 2/14/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2/50/29.....  
Date Filed 2/16/50.....

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.....

*George W. Davalt*

Student Embalmer No. 347

working under my personal supervision.

Student *George W. Davalt*

Student Embalmer

Signed

*Charles L. Hutton*

Licensed Embalmer No. 4577

P. O. Address *Macon, 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.