

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED OCT 6 1950

State File No. **29607**

BIRTH NO. _____ REG. DIST. NO. **44** PRIMARY REG. DIST. NO. **5-153** Registrar's No. **52**

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New York Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Belzora	b. (Middle)	c. (Last) Mc Fee	4. DATE OF DEATH (Month) (Day) (Year) 9 10 50
-------------------------------------	---------------------------	-------------	-------------------------	---

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 7-19-1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME E Lisha Edwards	13b. MOTHER'S MAIDEN NAME Margret Melton	14. NAME OF HUSBAND OR WIFE Robert Mc Fee
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Erickson, Hamilton, Mo.
---	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 Mo 10 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lumbar Vertebra		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		196X	

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 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 **Sept 2, 1950**, to **Sept 10, 1950**, that I last saw the deceased alive on **Sept 10, 1950**, and that death occurred at **6:20 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. G. Bourquin D.O. 2	23b. ADDRESS Hamilton, Missouri	23c. DATE SIGNED Sept 11 50
---	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-12-1950	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) N. Caldwell County, Mo.
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. 9-28-50	REGISTRAR'S SIGNATURE Mrs. Nell B. Jones	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark, Kingston, Mo.
---	---	---

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

No. 300
10-48

130

0130



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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.