

FILED DEC 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36392

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

BIRTH NO. _____		REG. DIST. NO. <u>57</u>		PRIMARY REG. DIST. NO. <u>5201</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "DeWitt Twp"</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>515 Orchard</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. N.W. of DeWitt</u>				3. NAME OF DECEASED a. (First) <u>CARENCE</u> b. (Middle) <u>EPPA</u> c. (Last) <u>McBEE</u>			
5. SEX <u>Mo</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 26, 1920</u>	
9. AGE (In years last birthday) <u>30</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U. S. Govt. Eng.</u>		9. AGE (In years last birthday) <u>30</u>	
11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John F. McBee</u>		13b. MOTHER'S M maiden name <u>Goldie Bowler</u>	
14. NAME OF HUSBAND OR WIFE <u>Dorothy Lee McBee</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give unit or date of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>493-12-1270</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Goldie McBee</u>	
18. ADDRESS <u>Carrollton, 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental shot self.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>22 Rifle bullet going</u> DUE TO (c) <u>in right side of abdomen.</u> 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>6:45 p.m. - 7:00 p.m.</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hunting</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>017 CARROLL MO.</u>			
21d. TIME OF INJURY <u>Dec 6 1950 11:45 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gun shot.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Ray Dickinson</u>		23b. ADDRESS <u>Coroner's Squad, Mo.</u>		23c. DATE SIGNED <u>12/6/50</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>			
24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>		DATE REC'D BY LOCAL REG. <u>12-8-1950</u>		REGISTRAR'S SIGNATURE <u>Pearl Koch</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton, Mo</u>					



DEC 18 1950

RECEIVED
DEC 11 1950

DEC 13 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ben W. Gibson

Signed.....

Student Embalmer

Licensed Embalmer No. *2961*

P. O. Address *Carrollton N*

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.