

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36819

State File No. 920410

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>5489</u>		Registrar's No. <u>920410</u>	
1. PLACE OF DEATH <u>North of Gilman City</u> a. COUNTY <u>Harrison Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Twp.</u>		c. LENGTH OF STAY (in this place) <u>7 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sugar Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>North of Gilman City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>Mc ATEE</u>			
4. DATE OF DEATH <u>11-4-1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-17-1879</u>		9. AGE (In years last birthday). <u>70</u>		# UNDER 1 YEAR Months <u>11</u> Days <u>13</u>		# UNDER 6 WKS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Irvington Co - Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Allen</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>William Mc Atee</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Mc Atee Gilman City 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>Cancer Breast</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 yr</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) 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 <u>10-28</u> , 19 <u>50</u> , to <u>11-4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-28</u> , 19 <u>50</u> , and that death occurred at <u>8 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. H. Wood</u>				23b. ADDRESS <u>Gilman City Mo</u>		23c. DATE SIGNED <u>Nov 16-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11/6-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edwards & Co. Burial & Cremation</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/29/50</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. D. Haines, Gilman City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



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.....

W. D. Skines

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W. D. Skines*

Licensed Embalmer No. *942*

P. O. Address *Bilmer City, MD*

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.