

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9299

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		0644	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1217 Church St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Harry</u>	b. (Middle) <u>B.</u>	c. (Last) <u>McMechee</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>4-3-'51</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 24-1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wheeling, W. Va</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>George McMechee</u>	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <u>Hulsee McMechee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. B. McMechee, 1217 Church St</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8-26-50, to 4-3-51, 1951, that I last saw the deceased alive on 4-3-51, 1951, and that death occurred at 7:40P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. Green</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>M. D. 100 N. Sixth, Hannibal, Mo.</u>	23c. DATE SIGNED <u>4-5-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Wheeling, W. Va.</u>
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DATE REC'D BY LOCAL REG. <u>4-6-51</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. A. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo S. Roberts Hannibal</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED APR 7 1951
STATE HEALTH DEPT.
DATE FILED APR 10 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.