

FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22391

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 09 PRIMARY REG. DIST. NO. 5218 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Big Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Big Creek</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>5 Miles S-W Pleasant Hill Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S-W Pleasant Hill</u>		e. STREET ADDRESS (If rural, give location) <u>5 Miles S-W Pleasant Hill Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillian</u>	b. (Middle) <u>Deal</u>	c. (Last) <u>McGee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 25, 1886</u>	9. AGE (In years last birthday) <u>65</u>	10. UNDER 1 YEAR (Months) _____	11. UNDER 1 HR. (Hours) _____	12. UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Schindorff</u>	13b. MOTHER'S MAIDEN NAME <u>Betsy Perry</u>	14. NAME OF HUSBAND OR WIFE <u>Albert McGee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>One Belle Gray</u>	ADDRESS <u>Pleasant Hill, Mo</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>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Simplex of Stomach</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial insufficiency</u>		
ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			

19a. DATE OF OPERATION <u>May 22, 1951</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Simplex of pyloric end of stomach 151X</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)	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 April, 1951, to July 8, 1951, that I last saw the deceased alive on July 8, 1951, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Shard Jones</u> (Degree or title) <u>do.</u>	23b. ADDRESS <u>Pleasant Hill mo</u>	23c. DATE SIGNED <u>7/9/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>7-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 13, 1951</u>	REGISTRAR'S SIGNATURE <u>Dora Bassard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Brumfield</u> ADDRESS <u>Pleasant Hill</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 14 1951
CASS COUNTY
HEALTH DEPARTMENT

RECEIVED FROM

RECEIVED FROM

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

Allen B. Swinfield

Licensed Embalmer No. *3785*

P. O. Address *Clasent Mich.*

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.