

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23449

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>5579</u>		Registrar's No. <u>115</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purcell</u>		c. LENGTH OF STAY (In this place) <u>14yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purcell</u>		04711			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Purcell, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>6</u>					
3. NAME OF DECEASED (Type or Print) <u>GEORGE</u>			a. (First)		b. (Middle) <u>HENRY</u>		c. (Last) <u>McGEE</u>		
4. DATE OF DEATH <u>July 14, 1951</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married /</u>		8. DATE OF BIRTH <u>March 3, 1904</u>		9. AGE (In years last birthday) <u>47</u>		
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		
11. BIRTHPLACE (State or foreign country) <u>No data</u>			12. CITIZEN OF WHAT COUNTRY? <u>?</u>		13a. FATHER'S NAME <u>No data</u>				
13b. MOTHER'S MAIDEN NAME <u>No data</u>			14. NAME OF HUSBAND OR WIFE <u>Eva Viola McGee</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>				
16. SOCIAL SECURITY NO. <u>491-07-9158</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Eva Viola McGee</u>		ADDRESS <u>Purcell, Missouri</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>				DUPLICATE OF (a) <u>Respiratory failure</u>				4 hours	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				12 yrs.	
				DUE TO (b) <u>Pulmonary Tuberculosis</u>					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</u>						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)		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>2/4</u> , 19 <u>50</u> , to <u>7/14</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7/14</u> , 19 <u>51</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Alba, Mo.</u>		23c. DATE SIGNED <u>7/17/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purcell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purcell, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>July 17-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>		ADDRESS <u>Webb City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-24-51

Jasper County Health Office

County File Number 51/7/587

Date Filed 7-24-51

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 Richard Gray Lewis

Licensed Embalmer No. 24405

P. O. Address Webb City

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.