

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29261

State File No. 31

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 4515		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Sullivan 1050				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) Milan		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Milan 1050			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Marvin		c. (Last) McBee		4. DATE OF DEATH (Month) (Day) (Year) 8-6-1951	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9-7-1888	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Country man		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 62 10 29	
11. BIRTHPLACE (State or foreign country) Russellville Mo		12. CITIZEN OF WHAT COUNTRY US		13a. FATHER'S NAME Franklin McBee		13b. MOTHER'S MAIDEN NAME Susan Gentry	
14. NAME OF SPOUSE OR WIFE Bertha Berry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marjorie Wall Milan	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden death MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) non-violence DUE TO (c) unclassified heart disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH few min. years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, ship, etc.) on sidewalk		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Milan Sullivan Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Joseph C. Prior, Jr., Coroner (Degree or title)				23b. ADDRESS P.O. Box 87, Milan Mo		23c. DATE SIGNED 8-16-51	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/51		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem		24d. LOCATION (City, town, or county) (State) Milan Mo	
DATE REC'D BY LOCAL REG. Aug 25-1951		REGISTRAR'S SIGNATURE Mrs. H. B. Harrie 328		25. FUNERAL DIRECTOR'S SIGNATURE Doughty Schreiner		ADDRESS Milan Mo	

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

Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number, *8-57-1517*
Date Filed: **AUG 28 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 *Dwight Schoene*.....

Licensed Embalmer No. *2067*.....

P. O. Address *Milwaukee - Wis.*.....

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.