

FILED SEP 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29383

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) 709 S. Morris	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			
3. NAME OF DECEASED a. (First) BEN b. (Middle) W c. (Last) McGEE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1883
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Foreman		10b. KIND OF BUSINESS OR INDUSTRY Brick	11. BIRTHPLACE (State or foreign country) Monroe County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George McGee		13b. MOTHER'S MAIDEN NAME Susie Hamilton	14. NAME OF HUSBAND OR WIFE Willie McGee
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. 491-05-6249	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Willie McGee, Mexico, Mo.
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascul disease DUE TO (c) Cerebral Laminectomy 6 years ago. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? X	
22. I hereby certify that I attended the deceased from 9-3 , 1951, to 9-7 , 1951, that I last saw the deceased alive on 9-7 , 1951, and that death occurred at 12:35 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry J. O'Brien M.D.		23b. ADDRESS Mexico, Missouri	23c. DATE SIGNED 9-8-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 9, 51	24c. NAME OF CEMETERY OR CREMATORY Eastlawn	24d. LOCATION (City, town, or county) (State) Audrain County, Mo.
DATE REC'D BY LOCAL REG. Sept. 9-1951	REGISTRAR'S SIGNATURE Blanche Kelly	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul E. Parks Mexico, Mo.	

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

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SEP 24 1951

Date Received: SEP 15 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-10
Date Filed: SEP 15 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph L. Thuester

Signed.....
Student Embalmer

Licensed Embalmer No. 4687

P. O. Address Mexico, Mo.

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.