

No. 48

FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30098
Registrar's No. 82

BIRTH NO. _____ REG. DIST. NO. 40 PRIMARY REG. DIST. NO. 3024

1. PLACE OF DEATH
a. COUNTY **Howard**

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Fayette**

c. LENGTH OF STAY (in this place) **9 da.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Lee Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Howard**

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Fayette (Richmond Twp.)**

d. STREET ADDRESS (If rural, give location) **R.R. #4**

3. NAME OF DECEASED
a. (First) **Daisy** b. (Middle) **Pearson** c. (Last) **McKee**

4. DATE OF DEATH (Month) (Day) (Year) **Sept. 10, 1951**

5. SEX **Female** / 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **May 24, 1873** 9. AGE (In years last birthday) **78** **3** Months **16** Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (State or foreign country) **Howard Co. Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George H. Pearson** 13b. MOTHER'S MAIDEN NAME **Naomi Isaac**

14. NAME OF HUSBAND OR WIFE **Guy H. McKee**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **None**

17. INFORMANT'S SIGNATURE OR NAME **Wallace McKee** ADDRESS **Fayette, Mo**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Cholecystitis + Cholangitis**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Primary Carcinoma of Gallbladder**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **155X**

INTEGRAL BETWEEN ONSET AND DEATH **1 week**

UNKNOWN

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Sept 1, 1951**, to **Sept 20, 1951**, that I last saw the deceased alive on **Sept 10, 1951**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Mary A. Shell** (Degree or title) **M.D.** 23b. ADDRESS **Fayette, Mo** 23c. DATE SIGNED **9-11-51**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 24b. DATE **9/11/51** 24c. NAME OF CEMETERY OR CREMATORY **Fayette City Cemetery** 24d. LOCATION (City, town, or county) (State) **Fayette, Mo**

DATE REC'D BY LOCAL REG. **9-11-51** REGISTRAR'S SIGNATURE **Mary A. Shell** 25. FUNERAL DIRECTOR'S SIGNATURE **Ralph A. Carr** ADDRESS **Fayette, Mo**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-21-51

DISTRICT HEALTH OFFICE No. 3

District File Numl. or _____

Date Filed 9-21-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Jayette 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.