

FILED JAN 9 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40599

BIRTH NO. ---		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 5041	Registrar's No. 97
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry 0057		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Flat Creek Twp. 20yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Flat Creek Twp.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. NE. of Cassville		d. STREET ADDRESS (If rural, give location) 3 mi. NE. of Cassville		
3. NAME OF DECEASED (Type or Print) a. (First) Grant b. (Middle) (none) c. (Last) McKee		4. DATE OF DEATH Dec. 16, 1951 (Month) (Day) (Year)		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 27, 1869	9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Emory Oscar McKee		13b. MOTHER'S MAIDEN NAME Fanny Elizabeth McBeth		14. NAME OF HUSBAND OR WIFE Effie Rice McKee
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl McKee, Cassville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery disease ANTECEDENT CAUSES arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 4201
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 Nov. 1951, to Dec. 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at m., from the causes and on the date stated above.				
23a. SIGNATURE Glenn H. Salyer M.D. (Degree or title)		23b. ADDRESS Cassville, Mo.		23c. DATE SIGNED 12/19/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-51		24c. NAME OF CEMETERY OR CREMATORY Viola Cemetery
24d. LOCATION (City, town, or county) (State) Viola, Missouri				
DATE REC'D BY LOCAL REG. 12-24-1951		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Koon, Cassville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*W. C. Roan*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.