

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43741**

FILED JAN 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **3074** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LaValle</b>	
c. LENGTH OF STAY (In this place) <b>30 hours</b>		d. STREET ADDRESS (If rural, give location) <b>—</b>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <b>Missouri Delta Community Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>—</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Ruben</b>	c. (Last) <b>McGee</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 17 - 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-25-1883</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Baldwin, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>United States</b>
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13a. FATHER'S NAME <b>George W. McGee</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret McGee</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret McGee - LaValle, Missouri</b>	ADDRESS <b>—</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Edema, Pulmonary</b>		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Heart Disease, Arteriosclerosis</b> DUE TO (c) <b>Hypertension</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4343</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-17, 1951**, to **12-17, 1951**, that I last saw the deceased alive on **12-17, 1951**, and that death occurred at **11:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>412 Tanner Street Sikeston, Missouri</b>	23c. DATE SIGNED <b>12-18-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-20-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parma cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Parma, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-26-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser. Parma, Mo.</b>	ADDRESS <b>—</b>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED DEC 31 1951

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1251-27

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**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 Walter Marsh Watters

Licensed Embalmer No. 4217

P. O. Address Destiny 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.