

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43941

State File No. ....

5. No. 300  
10. 48

FILED JAN 18-1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5382 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <i>Franklin Township</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <i>033</i>	
c. LENGTH OF STAY (in this place) <u>89 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Near Darien, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ross</u> c. (Last) <u>McGee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/30/51</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>8/19/1862</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13. FATHER'S NAME <u>William McGee</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Ross</u>				14. NAME OF HUSBAND OR WIFE <u>Lucinda McGee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl McGee, Darien, Missouri</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  Chronic Hypertensive Cardio-vascular disease DUE TO (b) <u>vascular disease</u>  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 <u>4 days.</u>  <u>Unknown.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 Dec. 26, 1951, to Dec. 29, 1951, that I last saw the deceased alive on Dec. 20, 1951, and that death occurred at 2:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. H. Hunt M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>1/2/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/2/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Dent County, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Salem, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>1-8-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by H. K. Spencer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Salem, Missouri</u>	
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.