

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 923 PRIMARY REG. DIST. NO. 4480 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Schuylers</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Schuylers</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City 0980</u>	
c. LENGTH OF STAY (in this place) <u>9 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvorn</u> b. (Middle) <u>Hamilton</u> c. (Last) <u>Mc Bee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 2 - 52</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-27-1853</u>
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 1 MIN. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Samuel Mc Bee</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ann Hodges</u>	14. NAME OF HUSBAND OR WIFE <u>Rachel Fowler Mc Bee</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva C. Kirkpatrick</u> ADDRESS <u>Harvorn</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>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) <u>Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Emphysema</u> 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>6 mo.</u>	
		<u>30 years</u>	
		<u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</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)
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 <u>Sept 2, 1951</u> , to <u>Dec 31, 1951</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>4</u> ^{or} m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward M. Roberts</u> (Degree or title)		23b. ADDRESS <u>Queen City Mo.</u>	23c. DATE SIGNED <u>1/5/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 4 - 1952</u>	24c. NAME OF CEMETERY OR OREMATORY <u>Fugate</u>	24d. LOCATION (City, town, or county) (State) <u>Near Greentop 915</u>
DATE REC'D BY LOCAL REG. <u>Jan 15 - 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. Drake</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H. Wood</u> ADDRESS <u>Queen City 910</u>	

(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.....

Wm M West

Signed.....

Student Embalmer

Licensed Embalmer No. *2882*

P. O. Address *Quincy MS*

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.