

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 81

122
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u> <u>0422</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT WORK - ZENITH CORP.</u>		d. STREET ADDRESS (If rural, give location) <u>216 S. ORCHARD ST.</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN LAWRENCE GEE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 21 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 20, 1890</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HAMMER - LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <u>62</u> Months <u>1</u> Days <u>1</u>	
11. BIRTHPLACE (State or foreign country) <u>HENRY COUNTY U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>WILLIAM GEE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH LONG</u>		14. NAME OF HUSBAND OR WIFE <u>RUTH THOMPSON GEE</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-20-2925</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Henry E. Gier, Clinton, Mo.</u> ADDRESS	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TOTAL 3rd DEGREE BURNS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>
		ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9163</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FACTORY</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CLINTON HENRY MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAR 31 1952 3:30 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-EXPLOSION</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hugh B Walker, MO coroner</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>29 Mar. 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 23, 52</u>		24c. NAME OF CEMETERY OR CREMATORY. <u>ENGLEWOOD CEM.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Clinton, MO.</u>	

DATE REC'D BY LOCAL REG. <u>Mar 24-52</u>		REGISTRAR'S SIGNATURE <u>Florance Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Sansant</u> ADDRESS <u>Clinton, Mo.</u>	
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APR 23 1954

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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 N. A. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.