

1952 OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30808

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1028

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>914 N. 3rd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duncan Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>	b. (Middle) <u>A</u>	c. (Last) <u>McBee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>September 26, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>June 4, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Feed Milling Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Forest City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Martin McBee</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Keeney</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>500-07-6812</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chester McBee</u>	ADDRESS <u>St. Joseph, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		<u>Unknown</u>
	ANTECEDENT CAUSES <i>Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>Carcinoma of prostate</u> DUE TO (c) _____		<u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Arteriosclerotic Heart Disease, Hypertension, Basal Cell Carcinoma</u>		<u>Unknown</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>of face</u>	20. AUTOPSY? <u>177X</u> YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-28, 1952, to 9-26, 1952, that I last saw the deceased alive on 9-22, 1952, and that death occurred at 3:20A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ernell Dawson MD</u>	23b. ADDRESS <u>Kendall Wood</u>	23c. DATE SIGNED <u>9-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Forest City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>	GENERAL DIRECTOR'S SIGNATURE <u>Walter Hinkoff</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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.....

Raymond W. H. H. H.

Licensed Embalmer No. 4413 Missouri.

P. O. Address. St. Joseph, Missouri.

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.