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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

NOV OCT 24 1952

State File No. 35992

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 544 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u> c. LENGTH OF STAY (In this place) <u>65Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Center, Missouri.</u> d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED a. (First) <u>Robert</u> b. (Middle) _____ c. (Last) <u>McGee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1952</u>
5. SEX <u>0</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1864</u>
9. AGE (In years) <u>88</u> IF UNDER 1 YEAR last birthday Months <u>7</u> Days <u>19</u> Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>0</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 <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Ralls County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Joe McGee</u>		13b. MOTHER'S MAIDEN NAME <u>Mary O'Brien</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie Schambach McGee</u>		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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER MCGEE.</u> ADDRESS <u>CENTER, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> <u>Face - Stomach - Liver Intestines</u> DUE TO (c) <u>Unknown</u> <u>Large &amp; Small</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1998	
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>June 30, 1950</u> , to <u>Oct. 1, 1952</u> , that I last saw the deceased alive on <u>Sept. 30, 1952</u> , and that death occurred at <u>2:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. H. Brooks Jr. D.O.</u>		23b. ADDRESS <u>Center, Missouri</u>	
23c. DATE SIGNED <u>10-20-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/31/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Center, Missouri</u>		DATE REC'D BY LOCAL REG. <u>10/31/1952</u>	
REGISTRAR'S SIGNATURE <u>Clyde Walden</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Walden</u> ADDRESS <u>Center, Missouri</u>	

**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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.