S. No. 300
Rev. 10.48

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

FILED MAR 11 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. 5333

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 26

0352

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (In this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 Emerson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett 0352
d. STREET ADDRESS (If rural, give location): 105 Emerson

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) ISAC c. (Last) McGHee

4. DATE OF DEATH (Month) (Day) (Year): Feb 28 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: OCT. 11 1870
9. AGE (In years last birthday): 82 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Len Boyd McGHee
13b. MOTHER'S MAIDEN NAME: NANCY RASH
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Dulcie McKinney ADDRESS: Kennett Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rodent ulcer of jaw — INTERVAL BETWEEN ONSET AND DEATH: years

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: 196X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1952, *to* Feb, 1953, *that I last saw the deceased alive on* 28 Feb, 1953, *and that death occurred at* 12:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joe A. Zimmerman, M.D. (Degree or title)
23b. ADDRESS: 201 College Kennett, Mo
23c. DATE SIGNED: 3 mar 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-53
24c. NAME OF CEMETERY OR CREMATORY: OAK Ridge Cem.
24d. LOCATION (City, town, or county) (State): KENNETT Mo.

DATE REC'D BY LOCAL REG.: 3-3-1953
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE: Floyd Funeral Home ADDRESS: Gideon Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-3-53

COUNTY FILE NUMBER 353-96

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 me

Student Embalmer No. ,

working under my personal supervision.

Student .....
Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 1001 Ark.

P. O. Address Piggott Ark.

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.