No. 300
10-48

FILED FEB 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7010

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 5866 Registrar's No. 6

750
1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Oregon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Myrtle 0750
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): MARION
c. (Last): MCGHEE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 1, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): minister
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Oregon County 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Elijah McGhee
13b. MOTHER'S MAIDEN NAME: Nan Bennett
14. NAME OF HUSBAND OR WIFE: Mary Combs, dec.

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.:
17. INFORMANT'S SIGNATURE OR NAME: A. L. McGhee — ADDRESS: Myrtle, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prostatic
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
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* June, 1952, *to* Feb 9, 1953, *that I last saw the deceased alive on* Feb 5, 1953, *and that death occurred at* 4:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. Cooper 0 (Degree or title) M.D.
23b. ADDRESS: Thayer Mo
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-10-53
24c. NAME OF CEMETERY OR CREMATORY: Cotton Creek Cemetery
24d. LOCATION (City, town, or county) (State): Oregon Co., Myrtle rural Mo.

DATE REC'D BY LOCAL REG.: 2-14-53
REGISTRAR'S SIGNATURE: Arthur Wolff 4 1/2 C
25. FUNERAL DIRECTOR'S SIGNATURE: Leland Carter — ADDRESS: Thayer Mo

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4516

P. O. Address _____

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.