

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**9573**

No. 300  
10.48

**FILED MAR 18 1953**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 5491 Registrar's No. 3

410  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Harrison</b>	b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Rural Clay Twp.</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Harrison</b>
c. LENGTH OF STAY (in this place) <b>1 1/2 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cainsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>9 miles North of Cainsville</b>		d. STREET ADDRESS <b>(If rural, give location)</b>	

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>William</b>	b. (Middle) <b>Wheeler</b>	c. (Last) <b>McBee</b>	(Month) <b>February</b>	(Day) <b>28</b>	(Year) <b>1953</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>"widowed"</b>	<b>8. DATE OF BIRTH</b> <b>January 5 1870</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>laborer</b>
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Clay Twp. Harrison Co., Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b>		<b>13. KIND OF BUSINESS OR INDUSTRY</b> <b>General Labor</b>	

<b>13a. FATHER'S NAME</b> <b>Williston Willis McBee</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Huldah Maria Willis</b>	<b>14. NAME OF HUSBAND OR WIFE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Charley Hamilton</b>	<b>ADDRESS</b> <b>Davis City, Iowa.</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>48 hours</b> <b>5 days</b> <b>18 years</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Edema</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: <b>DUE TO (b) Pneumonia</b> <b>DUE TO (c) Chronic Myocarditis &amp; Myocardial Fibrosis</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Infected 4222</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year), (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Aug - , 1949, to Feb 28 , 1953, that I last saw the deceased alive on Feb 26 , 1953, and that death occurred at 9:00P m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Alfred C. Tapp</b> D. O. <b>2</b>	<b>23b. ADDRESS</b> <b>Cainsville, Missouri.</b>	<b>23c. DATE SIGNED</b> <b>3/1/53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>March 1, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Zoar Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cainsville, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Mar. 14-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Pha Shaw</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>[Signature]</b>	<b>ADDRESS</b> <b>Cainsville, Missouri</b>
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(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

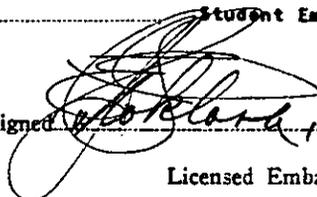
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.