

FILED JUN 5 1953

STANDARD CERTIFICATE OF DEATH

State File No. 20431

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Madrid 0721	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) General Delivery 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hosp.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John	b. (Middle) Willie		c. (Last) McGee		5-21-1953
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby	8. DATE OF BIRTH 4-30-1952		9. AGE (In years last birthday) 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	10b. KIND OF BUSINESS OR INDUSTRY Baby		11. BIRTHPLACE (City and State or Foreign Country) New Madrid, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Morris McGee		13b. MOTHER'S MAIDEN NAME Josie Askew		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Morris McGee, New Madrid, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
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) Tuberculous Meningitis			3 weeks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Miliary Tuberculosis			3 or 4 mos.
		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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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		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 5-19, 1953, to 5-21, 1953, that I last saw the deceased alive on 5-21, 1953, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE P. S. Hunter M.D.		23b. ADDRESS Sikeston Mo		23c. DATE SIGNED 5-21-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5/22/53	24c. NAME OF CEMETERY OR CREMATORY Sandhill	24d. LOCATION (City, town, or county) (State) New Madrid Mo
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DATE REC'D BY LOCAL REG. 5-25-53	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	FURNERAL DIRECTOR'S SIGNATURE ADDRESS Richards Und. Co. New Madrid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED **JUN 2 1953**
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 653-122

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student
Student Embalmer

Signed Robert H. Smith
Licensed Embalmer No. 3823
P. O. Address New Madrid

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.