

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

State File No. **27640**

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 66

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (In this place) One Month	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital		d. STREET ADDRESS (If rural, give location) 609 3rd. Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Logan	b. (Middle) David		c. (Last) McKee	Month Sept.	Day 5		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 27, 1877		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Druggist		10b. KIND OF BUSINESS OR INDUSTRY Drug Store	11. BIRTHPLACE (City and State or Foreign Country) Hutchinson, Kans.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME David McKee		13b. MOTHER'S MAIDEN NAME Cora Cutter		14. NAME OF HUSBAND OR WIFE Lynne McKee	
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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. 300-36-7733	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Sagar Monett, Mo.			ADDRESS
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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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute catarrhal pneumonia		DUE TO (b) _____				2 weeks
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.		Cholera, Malaria & Malaria 5 wks.				

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 15, 1953** to **Sept 5, 1953** that I last saw the deceased alive on **Sept 5, 1953** and that death occurred at **2:11 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Robert H. Roddy M.D.	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED Sept 6 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 1953	24c. NAME OF CEMETERY OR INTERMENT PLACE Mt. Calvary	24d. LOCATION (City, town, or county) (State) Monett, Lawrence Co. Mo.
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DATE REC'D BY LOCAL REG. 9-7-53	REGISTRAR'S SIGNATURE Katherine Henderson	25. FUNERAL DIRECTOR'S SIGNATURE 487-0	ADDRESS MERCER FUNERAL HOME Monett, Mo.
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SEP 16 1953

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 Roy H. Mercer

Licensed Embalmer No. 4432

P. O. Address Monett, 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.