No. 300
10.48

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

FILED SEP 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29131

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 118

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri, b. COUNTY: Vernon,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, 1080 1
d. STREET ADDRESS (If rural, give location): R.R No.I, Nevada, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Shirley b. (Middle): Ann c. (Last): McGee

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1953

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Sept. 24, 1937
9. AGE (In years last birthday): 15 | 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): Clerk in Drug Store
10b. KIND OF BUSINESS OR INDUSTRY: Drug Clerk
11. BIRTHPLACE (City and State or Foreign Country): St. Paul, Minnesota, 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Harold L. McGee,
13b. MOTHER'S MAIDEN NAME: Rose Mary McGee,
14. NAME OF HUSBAND OR/WIFE: Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Rose McGee, **ADDRESS**: Nevada, Missouri.

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) Crushed Head and Chest injuries — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident on Highway 50 - Johnson County, Missouri, on August 22, 1953
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: Inquest only
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 50, Johnson County, Missouri.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 051 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-22-53 - 3:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 8-23-53, *19____, and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*
Dead

23a. SIGNATURE: Kelly Rawlins (Degree or title): Coroner. M.D.
23b. ADDRESS: Holden, Missouri.
23c. DATE SIGNED: 8-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 8-26-53
24c. NAME OF CEMETERY OR CREMATORY: Elmhurst Cemetery,
24d. LOCATION (City, town, or county) (State): St. Paul, Minnesota,

DATE REC'D BY LOCAL REG.: Sept 2, 1953
REGISTRAR'S SIGNATURE: Savannah Crutchfield 147-0
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: R.A. Brauninger, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 8 1953
JOHNSON COUNTY HEALTH DEPT.

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 R. A. Baumiger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.