

No. 300
10. 48

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11941**

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>520 N. Shepherd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCES</u>	b. (Middle) <u>ELLEN</u>	c. (Last) <u>McGEHEE</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 28 1954</u>

5. SEX <u>fem</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 1 1974</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR <u>8</u> Months	IF UNDER 1 YEAR <u>27</u> Days	IF UNDER 1 HR. <u></u> Hours	IF UNDER 1 HR. <u></u> Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chloride Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Ketcherside</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Rayfield</u>	14. NAME OF HUSBAND OR WIFE <u>David McGehee</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dave McGehee</u>	ADDRESS <u>Ironton Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>gastric hemorrhage</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>intestinal neoplasm (possible carcinoma)</u> DUE TO (c) <u>acute hypertension chronic arthritis</u>		<u>?</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	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)	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 1-6-54, 1954, to 4-28-54, 1954, that I last saw the deceased alive on 4-30-54, 1954, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. J. Jarland m. D.</u> (Degree or title)	23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>5/4/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glover, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-7-54</u>	REGISTRAR'S SIGNATURE <u>Mr. Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. G. Jarland</u>	ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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(Deceased Embalmers' Statement on Reverse Side)

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

0470

0470

MAY 10 1964

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 Arnold White

Licensed Embalmer No. 3012

P. O. Address Sanitar New

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.