

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16027**
2202

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CALDWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In place) 30 MIN	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COWGILL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES		d. STREET ADDRESS (If rural, give location) NONE	

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) ROBERT		c. (Last) MCPHEETERS		4. DATE OF DEATH (Month) (Day) (Year) MAY 15 1954	
5. SEX D M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH NOV 5, 1882		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 months: Days) (Hours) (Min.) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) ILLINOIS /		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ROBERT MCPHEETERS		13b. MOTHER'S MAIDEN NAME LENA ANTRUM		14. NAME OF HUSBAND OR WIFE NELLIE MAE MCPHEETERS	
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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN HENRY MCPHEETERS COWGILL, MO	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1800R 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 (Month) (Day) (Year) (Hour) (Min.)		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 MAY 15, 1954, to MAY 15, 1954, that I last saw the deceased alive on MAY 15, 1954, and that death occurred at 10:10 AM from the causes and on the date stated above.

23a. SIGNATURE Andrew D. Mitchell (Degree or title)		23b. ADDRESS 411 NICHOLS RD., KC., MO.		23c. DATE SIGNED MAY 15, 54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 5-17-1954		24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery Cowgill Mo.	

DATE REC'D BY LOCAL REG. 5-16-54		REGISTRAR'S SIGNATURE Sheraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cramer Clark-Kington, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Cramer Clark

Licensed Embalmer No. *3257*

P. O. Address. *Kingston, 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.