

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18017

State File No. _____

BIRTH NO. _____		REG. DIST. NO. _____		42 PRIMARY REG. DIST. NO. _____		1000 Registrar's No. _____		713					
1. PLACE OF DEATH a. COUNTY Buchanan					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Buchanan								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			c. LENGTH OF STAY (In this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph								
d. FULL NAME OF HOSPITAL OR INSTITUTION 3314 Monterey St.					d. STREET ADDRESS (If rural, give location) 3314 Monterey St. 0117								
3. NAME OF DECEASED (Type or Print) ROBERT			a. (First)		b. (Middle) EDWARD		c. (Last) MC GEE		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1954				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 27, 1923		9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman				10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. Railroad			11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Frank W. McGee				13b. MOTHER'S MAIDEN NAME Lula Lindermier				14. NAME OF HUSBAND OR WIFE Genevieve McGee					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2				16. SOCIAL SECURITY NO. 487-14-7389		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank W. McGee 113 Illinois Av							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.													
MEDICAL CERTIFICATION													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Suicide by poisoning.</i>													
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>(Carbolic acid)</i>													
DUE TO (c) <i>Man was found dead in his home, with evidence he had drunk Carbolic acid, which caused his death.</i>													
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"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Suicide</i>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <i>St. Joseph Buchanan, Mo.</i>							
21d. TIME OF INJURY <i>July 2, 1954 7:30 P.M.</i>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <i>Man apparently drank the poison</i>							
22. I hereby certify that I examined the deceased from <i>7/2</i> , 19 <i>54</i> , to <i>7/2</i> , 19 <i>54</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>7:30 P.M.</i> , from the causes and on the date stated above.													
23a. SIGNATURE <i>H. F. Mundy (Coroner)</i>					(Degree or title) _____			23b. ADDRESS <i>St. Joseph Mo</i>			23c. DATE SIGNED <i>7/3/54</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/6/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>			24d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i>						
DATE REC'D BY LOCAL REG. <i>July 6, 1954</i>		REGISTRAR'S SIGNATURE <i>Bethen M. Allison</i>			485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clark Funeral Home</i> St. Joseph, Mo.						

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 19 1961

JUL 19 1961

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 *Emmanuel*

Licensed Embalmer No. 4238

P. O. Address *St Joseph 7*

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.