

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 460  
31024

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 460

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction R.1. (Twin Groves Twpsh) 0490	
c. LENGTH OF STAY (In this place) 2 weeks		d. STREET ADDRESS (If rural, give location) 2 Miles West Carl Junction, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) WASHINGTON	c. (Last) MC BEE	4. DATE OF DEATH (Month) (Day) (Year) 9 5 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-25-1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 10	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Smithfield (Carl Junction R 1)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James H. McBee	13b. MOTHER'S MAIDEN NAME Nancy J. Stephens	14. NAME OF HUSBAND OR WIFE Stella McBee
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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. None	17. INFORMANT'S SIGNATURE OR NAME Stella McBee, Carl Junction, Mo., R 1.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the right lung, metastatic		INTERVAL BETWEEN ONSET AND DEATH 10 days.	
	ANTECEDENT CAUSES DUE TO (b) Hypernephroma, left kidney			About 3 months
	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	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) 180X
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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 8-22-54, 19, to 9-5-54, 19, that I last saw the deceased alive on 9-5-54, 19, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	23b. ADDRESS 308 Frisco Bldg., Joplin, Mo.	23c. DATE SIGNED 9-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-8-1954	24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery	24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri
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DATE REC'D BY LOCAL REG. 9-20-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Carl Junction, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 27 1954  
Jasper County Health Office  
County File Number 54-9-798  
Date Filed SEP 27 1954

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 myself

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address West Valley - 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.