

FILED NOV 4 - 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 34915

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5971		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Marion		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Marion		6840	
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in the home				d. STREET ADDRESS (If rural, give location) 2			
3. NAME OF DECEASED (Type or Print) a. (First) W.		b. (Middle) E. (Elmer)		c. (Last) McGee		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 5, 1874	
9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John McGee		13b. MOTHER'S MAIDEN NAME Derossett		14. NAME OF HUSBAND OR WIFE Della McGee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Letha Brown - Bolivar, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Medullary Paralysis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive Cerebral Hemorrhage DUE TO (c) Arterio-sclerosis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1952, 19, to Oct. 21, 1954, that I last saw the deceased alive on Oct. 21, 1954, and that death occurred at 9:50 P.m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Gumbert, Jr.				23b. ADDRESS Bolivar, Mo.		23c. DATE SIGNED 10-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sun, 24, 1954		24c. NAME OF CEMETERY OR CREMATORY Barren Creek Cemetery - N.W. Bolivar, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. Oct 26, 1954		REGISTRAR'S SIGNATURE Ralph W. ...		25. FUNERAL DIRECTOR'S SIGNATURE Pitta Funeral Home		ADDRESS Bolivar, Mo	

(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 Sidney J. Pitts

Licensed Embalmer No. 4939

P. O. Address Polina, Ill

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.