

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>28</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u> b. COUNTY <u>Bear Lake</u>		
b. CITY OR TOWN <u>Kirksville</u> (If outside corporate limits, write RURAL and give township) <u>0</u>		c. LENGTH OF STAY (In this place) <u>11 Days</u>		c. CITY OR TOWN <u>Montpelier</u> <u>8110</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>159 S. 7th.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>		b. (Middle) <u>T.</u>		c. (Last) <u>Mc KEE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29 1955</u>		5. SEX <u>Female</u> / 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 21, 1899</u>		9. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Idaho</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Dieferle</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Mc Kee</u>		
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Fred Mc Kee</u> ADDRESS <u>Montpelier, Idaho</u>
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory failure</u> ANTECEDENT CAUSES <u>Posterior myocardial infarct with recent coronary thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Uremia and Toxic intestinal obstruction</u> Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>unknown</u> <u>unknown</u>		
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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) <u>4201</u>
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? _____
22. I hereby certify that I attended the deceased from <u>1-19-55</u> , 19 <u>55</u> , to <u>1-29-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-29-55</u> , 19 <u>55</u> , and that death occurred at <u>7:20P</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Clara Hanger Jr</u> D.O.		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>1-30-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montpelier</u>
24d. LOCATION (City, town, or county) (State) <u>Montpelier Idaho</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. L. Bran Macon, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>1-30-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u> 1-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. L. Bran Macon, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

11-11-77

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 Howard Fryer

Licensed Embalmer No. 4494

P. O. Address Macon 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.