

FILED MAY 2 1955

STANDARD CERTIFICATE OF DEATH

12012 State File No. 7 Registrar's No. 7

BIRTH NO. REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5661

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1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL TURNBACK		c. LENGTH OF STAY (in this place) 2 weeks	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		STREET ADDRESS (If rural, give location) RURAL MT. VERNON ROUTE 1	

3. NAME OF DECEASED (Type or Print) a. (First) ELVIRA b. (Middle) MS c. (Last) MC GEHEE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 15 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC-16-1872	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WILLIAM BROWN		13b. MOTHER'S MAIDEN NAME AVERY AERIE		14. NAME OF HUSBAND OR WIFE W^{MD} RILEY MC GEHEE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME KNOWLES MC GEHEE ADDRESS MT. VERNON, Mo. R 1	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL - Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Chronic - Bronchiectasis		Years.	
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 526 X		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)		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 **4-10-55**, 19**55**, to **April 15, 1955**, that I last saw the deceased alive on **April 15, 1955**, and that death occurred at **10-8** m., from the causes and on the date stated above.

23a. SIGNATURE A. P. Coyne (Degree or title) M.D.		23b. ADDRESS Sumner Mo		23c. DATE SIGNED 4-16-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-17-1955		24c. NAME OF CEMETERY OR CREMATORY SUMMIT CEMETERY	
24d. LOCATION (City, town, or county) (State) LAWRENCE Co. Mo.					

DATE REC'D BY LOCAL REG. 4-17-55		REGISTRAR'S SIGNATURE W. S. Buehler		25. FUNERAL DIRECTOR'S SIGNATURE H. D. Fossett ADDRESS MT. VERNON Mo	
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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Lonett.....

Licensed Embalmer No. 220

P. O. Address Mt. Vernon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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