

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25079

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>5 weeks</u>		c. CITY OR TOWN <u>Schell City</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wyatt Nursing Home #420 North Cedar St.</u>				e. STREET ADDRESS (If rural, give location) <u>Bacon Township 1080</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>TARRESSA</u> b. (Middle) <u>ANN</u> c. (Last) <u>Gee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 24 - 1955</u>				
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>12 - 12 - 1879</u>		9. AGE (In years last birthday) <u>75 yrs</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>saleslady</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Dept. store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rural Cedar County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William Price Gee</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Belle Jones</u>		14. NAME OF HUSBAND OR WIFE		
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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grace M. Luther Schell City, Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left hip.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4000 F</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Feb 4</u> , 1955, to <u>July 24</u> , 1955, that I last saw the deceased alive on <u>July 14</u> , 1955, and that death occurred at <u>5:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Samuel Pascoe MD</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>July 25</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clintonville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-27-1955</u>		REGISTRAR'S SIGNATURE <u>Armed & Ferrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u>		ADDRESS <u>Schell City, Mo.</u>	

(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.....
Signature of Student Embalmer

Signed.....
John G. Lewis

Licensed Embalmer No.....
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P. O. Address.....
Schell

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.