

FILED OCT 13 1955

STANDARD CERTIFICATE OF DEATH

30178
State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 306

| | | | |
|---|--|---|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, write RURAL and give township) Hannibal | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN Hannibal |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| f. STREET ADDRESS | | (If rural, give location) 0644 | |

| | |
|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Gertrude c. (Last) McGhee | 4. DATE OF DEATH (Month) (Day) (Year) Sep 30, 1955 |
|---|--|

| | | | | | | |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|---------------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH July 7, 1887 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 2 | IF UNDER 12 HRS. Hours 29 Min. |
|----------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|---------------------------------------|

| | | | |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri | 12. CITIZEN OF WHAT COUNTRY? US |
|--|---|---|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME James Turner | 13b. MOTHER'S MAIDEN NAME Maggie Dowell | 14. NAME OF HUSBAND OR WIFE T. W. McGhee |
|--|--|---|

| | | | |
|--|-------------------------|-----------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME | ADDRESS |
|--|-------------------------|-----------------------------------|---------|

| | | | |
|---|--|--|---|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis | | |
| | ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Ca of being retired | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X | | | |

| | | |
|------------------------|----------------------------------|---|
| 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) Hannibal, Marion Mo. |
| 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 9-18-55, 1955, to 9-22-55, 1955, that I last saw the deceased alive on 9-22-55, 1955, and that death occurred at 11:57 A m., from the causes and on the date stated above.

| | | |
|--|--------------------------------------|--|
| 23a. SIGNATURE (Degree or title) J. H. Watterschief M.D. | 23b. ADDRESS Hannibal, Mo. | 23c. DATE SIGNED Oct 7, 1955 |
|--|--------------------------------------|--|

| | | | |
|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial | 24b. DATE Oct 2, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery | 24d. LOCATION (City, town, or county) (State) Vandalia, Missouri |
|--|---------------------------------|--|--|

| | | | |
|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. 10-10-55 | REGISTRAR'S SIGNATURE Wm. L. ... | FUNERAL DIRECTOR'S SIGNATURE William B. Waters | ADDRESS Vandalia, Mo. |
|---|--|--|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 11 1955
MARION CO. HEALTH DEPT
DATE FILED OCT 11 1955

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 *William B. Waters*

Licensed Embalmer No. *416*

P. O. Address *Dandala*

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.