No. 300
10.48

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4540

State File No. 3644

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. ~~NO.~~ 6-2-58 Registrar's No. 49

1110

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

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GREENVILLE
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: WAYNE
c. CITY OR TOWN: GREENVILLE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): ✓ 1110

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): OTT
c. (Last): McGHEE

4. DATE OF DEATH (Month) 1 (Day) 4 (Year) 56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: OCT-16-1891
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 2, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAR DEALER (USED)
10b. KIND OF BUSINESS OR INDUSTRY: CARS
11. BIRTHPLACE (City and State or Foreign Country): GREENVILLE, MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN McGHEE
13b. MOTHER'S MAIDEN NAME: LOUELLA CHILDS
14. NAME OF HUSBAND OR WIFE: CECLIA WIGHT

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.: 487-18-5944
17. INFORMANT'S SIGNATURE OR NAME: HOLLIS McGHEE — ADDRESS: PIEDMONT-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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: instant

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. 7824

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10:30P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin E. Bowles Coroner
23b. ADDRESS: Piedmont, Mo
23c. DATE SIGNED: 1-5-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-7-56
24c. NAME OF CEMETERY OR CREMATORY: PLEASANT VALLEY
24d. LOCATION (City, town, or county) (State): GREENVILLE MO.

DATE REC'D BY LOCAL REG.: 1-7-56
REGISTRAR'S SIGNATURE: Gretta M. Ward 475
25. FUNERAL DIRECTOR'S SIGNATURE: Marvin E. Bowles — ADDRESS: Piedmont Mo

(Licensed Embalmer's Statement on Reverse Side)

WAYNE CO. HEALTH CENTER
FILE No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....me...., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Boulla

Licensed Embalmer No. 44

P. O. Address Redmon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.