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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19650**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **701**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>	c. LENGTH OF STAY (In this place township) <b>10 yrs.</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>503 South 9th St.,</b>		e. STREET ADDRESS (If rural, give location) <b>503 South 9th St.,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>	b. (Middle) <b>L.</b>	c. (Last) <b>McKEE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 21, 1956</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct., 14, 1885</b>
9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired barber</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Hopkins, Missouri</b>	12. CITIZENRY OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Joseph McKee</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND/OR WIFE <b>Blanche</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>491-09-0462</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Blanche McKee, St. Joseph, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>General arteriosclerosis</b>		<b>unknown</b>
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	20. AUTOPSY? <b>332x</b> 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 **Jan 23, 1955**, to **May 29, 1956**, that I last saw the deceased alive on **May 29, 1956**, and that death occurred at **8 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. Motherhead M.D.</b> (Degree or title)	23b. ADDRESS <b>2603 Frederick Ave., City</b>	23c. DATE SIGNED <b>6-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 23, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 27, 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barry-Harman Funeral Home, St. Jos., Mo.</b>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Charles M. Hansen*

Licensed Embalmer No. *448*

P. O. Address *Waltham,*

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.