

FILED AUG 6 - 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24279

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 68

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Lafayette</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Lexington Mo</u> |  | c. CITY OR TOWN <u>Lexington Mo</u>   |  |
| c. LENGTH OF STAY (In this place)<br><u>4 yrs.</u>  |  | d. Residence within limits of city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Died at his home</u>                          |  | e. STREET ADDRESS (If rural, give location)<br><u>2475 8th St 0540</u>  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Leonard</u> b. (Middle) <u>Olive</u> c. (Last) <u>McGee</u> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 24 - 1956</u> |  |  |
|---|--|--|---|--|--|

|                 |  |                                 |  |  |  |   |  |   |  |                          |  |                           |  |                           |  |
|-----------------|--|---------------------------------|--|--|--|---|--|---|--|--------------------------|--|---------------------------|--|---------------------------|--|
| 5. SEX <u>M</u> |  | 6. COLOR OR RACE <u>Colored</u> |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) |  | 8. DATE OF BIRTH<br><u>April 30, 1910</u> |  | 9. AGE (In years last birthday) <u>46</u> |  | 10. IF UNDER 1 YEAR Days |  | 11. IF UNDER 2 HRS. Hours |  | 12. IF UNDER 15 MIN. Mts. |  |
|-----------------|--|---------------------------------|--|--|--|---|--|---|--|--------------------------|--|---------------------------|--|---------------------------|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Labourer</u> |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Springfield Mo</u> |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |  |  |
|--|--|--|--|--|--|---|--|--|---|--|--|

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|---|--|--|--|--|--|--|--|--|
| 13a. FATHER'S NAME<br><u>William H. McGee</u> |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Bertsaude Turner</u> |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>None now</u> |  |  |
|---|--|--|--|--|--|--|--|--|

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|--|--|---|--|--|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes 1942-1945</u> |  | 16. SOCIAL SECURITY NO.<br><u>495-10-6925</u> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Margie Elliott</u> |  |  |  | 18. ADDRESS<br><u>2515 8th Springfield Mo</u> |  |
|--|--|---|--|--|--|--|--|---|--|

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|---|--|---|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot gun wound / head.</u><br><br>ANTECEDENT CAUSES<br><u>Chronic Venereal - "We thought the gun was that because Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last."</u><br>DUE TO (b) <u>McGee died July 24, 1956 by accident at the hands of Gene Kabras"</u><br>DUE TO (c) _____ |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>9190</u>  |  |  |  |  |  |                                  |  |

|                        |  |   |  |  |  |  |  |   |  |
|------------------------|--|---|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>No surgery</u> |  |  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|---|--|--|--|--|--|---|--|

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| 21a. ACCIDENT (Specify)<br><u>accident newborn</u> |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>newborn</u>        |  | 21c. CITY, TOWN, OR TOWNSHIP<br><u>Lexington Lafayette Mo</u> |  | 21d. COUNTY<br><u>054</u> |  | 21e. STATE<br><u>Mo</u> |  |
| 21d. TIME OF INJURY<br><u>July 29 - 56 5P.m.</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><u>gunshot of the head</u>      |  |                           |  |                         |  |

22. I hereby certify that I attended the deceased from after death on 7-24, 1956, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5P.m., from the causes and on the date stated above.

|  |  |  |                                  |  |  |                                    |  |  |
|--|--|--|----------------------------------|--|--|------------------------------------|--|--|
| 23a. SIGNATURE<br><u>Dr. Martin W. Coronas</u> |  |  | 23b. ADDRESS<br><u>Odessa Mo</u> |  |  | 23c. DATE SIGNED<br><u>7-24-56</u> |  |  |
|--|--|--|----------------------------------|--|--|------------------------------------|--|--|

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|--|--|-----------------------------------|--|---|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> |  | 24b. DATE<br><u>July 28, 1956</u> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Green</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Lexington Mo</u> |  |  |  |
|--|--|-----------------------------------|--|---|--|--|--|--|--|

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|--|--|--|--|--|--|--|--|--|--|---------|--|
| DATE REC'D BY LOCAL REG.<br><u>7-30-56</u> |  | REGISTRAR'S SIGNATURE<br><u>Wm. E. Radabaugh</u> |  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>George H. Paul Marshall</u> |  |  |  |  | ADDRESS |  |
|--|--|--|--|--|--|--|--|--|--|---------|--|

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

106

AUG 14 1938

DEC 2 1938

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 Guyot Green  
Licensed Embalmer No. 42

P. O. Address Murshel

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.