

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38658**

BIRTH NO. _____ REG. DIST. NO. **181** PRIMARY REG. DIST. NO. **5675** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-HURRICANE		c. LENGTH OF STAY (in this place) ELSBERRY	d. Is 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 Family Residence		e. STREET ADDRESS (If rural, give location) RURAL	

3. NAME OF DECEASED (Type or Print) a. (First) CORDELIA b. (Middle) FRANCES c. (Last) McGee	4. DATE OF DEATH (Month) (Day) (Year) 9 12-1956
---	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2-20, 1865	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 6 Days 22	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	--	---------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME John A. Suddarth	13b. MOTHER'S MAIDEN NAME Huldah T. Moore	14. NAME OF HUSBAND OR WIFE William McGee Deceased
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Jully McGee	ADDRESS Elsberry 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dry gangrene left foot		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4501	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) 4501
--	--	--

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 **6-10-1948**, to **9-12-1956**, that I last saw the deceased alive on **9-12-1956**, and that death occurred at **5:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE Robert M. Hull	(Degree or title) Dr.	23b. ADDRESS Elsberry Mo.	23c. DATE SIGNED 9-13-56
---	---------------------------------	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9/15/1956	24c. NAME OF CEMETERY OR CREMATORY Elsberry City Cem.	24d. LOCATION (City, town, or county) (State) Elsberry, Lincoln Mo.
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. 11/13/56	REGISTRAR'S SIGNATURE Mrs. Clarence King	25. FUNERAL DIRECTOR'S SIGNATURE Clifton Miller	ADDRESS Elsberry, Mo.
---	--	---	---------------------------------

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

+55

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 Sept. 12-1956 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Clifton Miller.....

Licensed Embalmer No. 336

P. O. Address Eldersburg

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.