FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

224
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U. of Mo. Med. Center — Length of stay in Ib 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 10 Hinkson Village — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Steve (Stephen Joseph) Middle: Last: McGee
4. DATE OF DEATH Month: Jan Day: 29 Year: '57
5. SEX Male
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5-19-1944
9. AGE (In years last birthday) 12 — 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) Student
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (City and state or country) Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? Amer.
13. FATHER'S NAME Chester L. McGee
14. MOTHER'S MAIDEN NAME Loraine Denkler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Chester L. McGee Columbia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Concussion and laceration
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 8130 89
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Struck by motor vehicle while riding bicycle
20c. TIME OF INJURY 5 p.m. Month, Day, Year 1-25-1957
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) On Route 63 South
20f. CITY, TOWN, OR LOCATION Columbia, COUNTY STATE Missouri

21. I attended the deceased from 1/25/57, to 1/29/57 and last saw him alive on 1/29/57
Death occurred at 6 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Samuel P.W. Black, M.D. (Degree or title)
22b. ADDRESS Univ. of Missouri Hosp
22c. DATE SIGNED 1/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-1-57
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) Columbia, Mo.
24. FUNERAL DIRECTOR Lyman Sprinkle ADDRESS Columbia, Mo.
25. DATE RECD. BY LOCAL REG. Jan 31 1957
26. REGISTRAR'S SIGNATURE Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Lyman W. Spunkt

Licensed Embalmer No. 40

P. O. Address Columbi

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