

FILED SEP 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30452**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **5970** Registrar's No. **2026**

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wellston		c. LENGTH OF STAY (In this place) 4 yrs. 3 mos.		c. CITY OR TOWN Mexico		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital				e. STREET ADDRESS (If rural, give location) 915 East Jackson				
3. NAME OF DECEASED (Type or Print) Emmett J. McGee			4. DATE OF DEATH (Month) (Day) (Year) August 14, 1957					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1881		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Paris, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James McGee			13b. MOTHER'S MAIDEN NAME Elizabeth Mallory		14. NAME OF HUSBAND OR WIFE Minnie McGee			
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. UNK		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie McGee, wife.		ADDRESS 915 East Jackson, Mexico, Missouri		
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 Years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease				DUE TO (b) Generalized Arteriosclerosis				" "
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Generalized Osteoarthritis				" "
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Chronic Brain Syndrome associated with Cerebral Arteriosclerosis				" "
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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)		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 4-16- , 19 53 , to 8-14- , 19 57 , that I last saw the deceased alive on 8-13- , 19 57 , and that death occurred at 2:00A. m., from the causes and on the date stated above.								
23a. SIGNATURE W. B. Sutton (Degree or title) M.D.				23b. ADDRESS 7301 St. Charles Rock Rd.		23c. DATE SIGNED 8/14/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-15-57		24c. NAME OF CEMETERY OR CREMATORY LOCAL IN MEXICO		24d. LOCATION (City, town, or county) (State) Mexico, Mo.		
DATE REC'D BY LOCAL REG. 8-15-57		REGISTRAR'S SIGNATURE Herbert H. Doube M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Precht, Mexico, Mo. ADDRESS				

(License of Embalmer's Statement on Reverse Side)

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

1933

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 *W E Morris*

Licensed Embalmer No. 336

P. O. Address *St Louis*

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.