Health, Welfare & Public Service

S. 300
. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36560
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 123

1. PLACE OF DEATH
a. COUNTY: LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: BROOKFIELD — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McLARNEY HOSP — Length of stay in 1b: 2 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: LINN
c. CITY OR TOWN: BROOKFIELD — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 1203 CREST ROAD — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: EDWARD Last: McGHEE

4. DATE OF DEATH Month Day Year: OCT. 22. 1957

5. SEX: M **6. COLOR OR RACE:** W **7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: DEC. 6. 1881 **9. AGE** (In years last birthday): 75 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (City and state or country): LINN Co., MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: JAMES McGHEE
14. MOTHER'S MAIDEN NAME: REBECCA MILLER

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.: 487-42-9412
17. INFORMANT Address: MRS. BETTY McGHEE, BROOKFIELD Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis
DUE TO (c): 4201
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 ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 21, 1957, to Oct 22, 1957 and last saw ~~her~~ ~~him~~ alive on Oct 22, 1957
Death occurred at 10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: B D Harrell (Degree or title): M.D. **22b. ADDRESS:** Brookfield, Mo. **22c. DATE SIGNED:** 10-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **23b. DATE:** OCT. 24, 1957 **23c. NAME OF CEMETERY OR CREMATORY:** ROSE HILL CEM. **23d. LOCATION** (City, town, or county) (State): BROOKFIELD, Mo

24. FUNERAL DIRECTOR ADDRESS: WRIGHT FUNERAL HOME, BROOKFIELD Mo. **25. DATE RECD. BY LOCAL REG.:** 10-24-57 **26. REGISTRAR'S SIGNATURE:** Katharine Johnson Dep.

(Licensed Embalmer's Statement on Reverse Side)

167-0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, I

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