

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34535-57 45527
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 316 Primary Registration District No. 6071 Registrar's No. 393

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|---|--------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY: ST. FRANCOIS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE: MISSOURI b. COUNTY: ST. FRANCOIS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: VALLES MINES Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Rural | | c. CITY OR TOWN: VALLES MINES Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0900 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: RESIDENCE Length of stay in lb: 7. MOS. | | d. STREET ADDRESS: NONE (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) FRANCIS MARION MCGEE First Middle Last | | 4. DATE OF DEATH: DEC 6 - 1957 Month Day Year | |
| 5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH: APR 29 1957 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE | | 10b. KIND OF BUSINESS OR INDUSTRY: NONE | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months: 7 Days: 7 Hours: Min. |
| 11. BIRTHPLACE (City and state or country): ST. LOUIS, MO. | | 12. CITIZEN OF WHAT COUNTRY?: USA | |
| 13. FATHER'S NAME: ALBERT EDWARD MCGEE | | 14. MOTHER'S MAIDEN NAME: VIRGINIA MAY LINCOLN | |
| 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: MRS. ALBERT MCGEE | | Address: VALLES MINES MO | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Collapse of Cardiovascular System DUE TO (b) Mammoma DUE TO (c) History indicates gave birth PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH: 7730 |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY: Hour, Month, Day, Year, a. m., p. m. | | | |
| 20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 Dec 2 - 1957 to Dec 2 - 1957 and last saw him alive on Dec 2 - 1957 . Death occurred at Dec 6 - 1957 7:00 AM. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE: [Signature] (Degree or title) | | 22b. ADDRESS: Beane Terre - Mo | |
| 22c. DATE SIGNED: 12/7/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | | 23b. DATE: DEC 8 - 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY: BUSTER CEMETERY | | 23d. LOCATION (City, town, or county) (State): VALLES MINES, MISSOURI | |
| 24. FUNERAL DIRECTOR: BOYER'S F.H. BONNE TERRE, MO. ADDRESS | | 25. DATE RECD. BY LOCAL REG.: Dec. 7 1957 | |
| 26. REGISTRAR'S SIGNATURE: [Signature] | | | |

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 B. T. Boyer
Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

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.