

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 29 1958

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DESOTO VALLE</u>	c. LENGTH OF STAY (In this place) <u>53 yrs</u>	c. CITY OR TOWN <u>DESOTO</u>	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 <u>3 MI. E. OF DESOTO ON HY 110</u>		e. STREET ADDRESS (If rural, give location) <u>3 MI. E. OF DESOTO ON HY #110</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>ROY</u> c. (Last) <u>Mc GEE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 18 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 23 1904</u>	9. AGE (In years last birthday) <u>53</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ROAD MAINTAINENCE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. ST. HY. DEPT.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>DESOTO Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JASPER Mc GEE</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH DRINKEN</u>	14. NAME OF HUSBAND OR WIFE <u>HAZEL Mc GEE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-20-353E</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DEAN Mc GEE</u>	ADDRESS <u>DESOTO Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Jan 18, 1958, to Jan 18, 1958, that I last saw the deceased alive on Jan 18, 1958 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marie Parrie M.D.</u>	23b. ADDRESS <u>Desoto, Mo.</u>	23c. DATE SIGNED <u>Jan 18 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 20 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	24d. LOCATION (City, town, or county) (State) <u>DESOTO Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-29-58</u>	REGISTRAR'S SIGNATURE <u>Marie Parrie</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. ...</u>	ADDRESS <u>Desoto Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JAN 30 1958

DATE RECEIVED

JAN 25 1958

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.....
Donnell B. Dietrich

Licensed Embalmer No. *4104*

P. O. Address *Dept No.*

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.