

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020383
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1349

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		c. CITY OR TOWN Ferguson 40090	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 503 Abston Ave		d. STREET ADDRESS (If outside, give location) 503 Abston	
Length of stay in lb 3 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ray Middle D. Last McKee			4. DATE OF DEATH Month May Day 18 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 11, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 9 Days 18	IF UNDER 24 HRS. Hours 18 Min. 00
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Springfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME James T. McKee	13b. MOTHER'S MAIDEN NAME Ada P. Lathim	14. NAME OF HUSBAND OR WIFE Georgia McKee
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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) NO	16. SOCIAL SECURITY NO. 488-09-7426	17. INFORMANT Address Mrs. Georgia McKee, Ferguson, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant brain tumor		INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	193.0
	DUE TO (c) _____	
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 <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.)
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20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from 9/5/57 to 5/18/58 and last saw him alive on 2/16/58 Death occurred at 3:40 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. E. Kuebrich M.D.	22b. ADDRESS 111 Church St. Ferguson	22c. DATE SIGNED 5/19/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-20-58	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Mo.
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24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary	25. DATE RECD. BY LOCAL REG. 5-20-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Reber

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 *Eleana Dornice*

Licensed Embalmer No. *3403*
P. O. Address *Juanita M*

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.