

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033282  
State File No. ....

FILED SEP 16 1958

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001-581 Registrar's No. 430

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Cherokee</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Missouri-Kansas state</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Galena</b>	
c. LENGTH OF STAY (in this place) <b>1 yr</b>		d. STREET ADDRESS (If rural, give location) <b>118 Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>on Highway 66</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Russell</b> b. (Middle) <b>Green</b> c. (Last) <b>McGee</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 6, 1958</b>		
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5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 14, 1893</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>20</b>		IF UNDER 24 HRS. Hours <b>20</b> Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>telegrapher station</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>agent-railroad</b>			11. BIRTHPLACE (State or foreign country) <b>Fayette, Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		
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13a. FATHER'S NAME <b>John J. McGee</b>			13b. MOTHER'S MAIDEN NAME <b>Luvina J. Perkins</b>			14. NAME OF HUSBAND OR WIFE <b>Elizabeth A. McGee</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>702-10-2975</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth A. McGee</b>		ADDRESS <b>Galena, Ks.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary occlusion</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic arteriosclerosis with Hg poisoning.</b>						<b>Sudden</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Pmgestive Heart Failure</b>						<b>10 years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>2</b> 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) <b>4201</b> (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from **Nov**, 19**48** to **Sept 6**, 19**58**, that I last saw the deceased alive on **Aug 18**, 19**58**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)			23b. ADDRESS <b>[Address]</b>			23c. DATE SIGNED <b>[Date]</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 8, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fayette, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>9-10-1958</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. J. Jordan</b>		ADDRESS <b>Columbus, Kansas.</b>	
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OCT 8 1958

VS JUL 29 1958

OCT 18 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Jack Parker*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4938

P. O. Address. John 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 this body is not embalmed, fact should be so stated above.