

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011933

STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 52

300

1-57

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marshall</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Marshall</b> c 973 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>itzgibbon Hosp.</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>Viking hotel</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Hall</b> Last <b>McKee</b>			4. DATE OF DEATH Month <b>March</b> Day <b>20th</b> Year <b>1959</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 4th 1888</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>1</b>	IF UNDER 24 HRS. Hour <b>1</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stock broker</b>	11. BIRTHPLACE (City and state or country) <b>Sweet Springs, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>J. S. McKee</b>	13b. MOTHER'S MAIDEN NAME <b>Carrie Hall</b>	14. NAME OF HUSBAND OR WIFE -----
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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 <b>Yes World War I.</b>	16. SOCIAL SECURITY NO. <b>323-03-6636</b>	17. INFORMANT <b>W.T. Bellamy, Marshall, Missouri</b>	Address
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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) <b>Permanently edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterio-sclerotic cardio-vascular disease.</b> DUE TO (c) <b>disease.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
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 <b>12</b> Month, Day, Year <b>30 A.M.</b>	20d. INJURY OCCURRED WHILE AT <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 <b>Marshall, Mo.</b>	COUNTY <b>Saline</b>	STATE <b>Missouri</b>
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21. I attended the deceased from <b>17 Mar 59</b> to <b>20 Mar 59</b> and last saw her live on <b>19 Mar 59</b> Death occurred at <b>12-30 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>R. Fisher M.D.</b> (Degree or title)	22b. ADDRESS <b>Marshall, Mo.</b>	22c. DATE SIGNED <b>20 Mar 59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3-22-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Fairview cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sweet Springs, Missouri</b>
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24. FUNERAL DIRECTOR <b>Campbell-Lewis, Marshall, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Cecil G. Read</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *RW Campbell* .....

Licensed Embalmer No. *3469* .....  
P. O. Address *Marshall* .....

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.