Health, Welfare Public Service

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1-57

FILED MAR 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011969
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Sikeston — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Delta Comm. Hosp. — Length of stay in 1b 19 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Sikeston 1003 0 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 106 5th St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HOWARD Last McGEE

4. DATE OF DEATH Month 3 Day 15 Year 1959

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 3-7-1885
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months 0 Days 8 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Employee
10b. KIND OF BUSINESS OR INDUSTRY Int. Shoe Co.
11. BIRTHPLACE (City and state or country) Florence, Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joe McGee
13b. MOTHER'S MAIDEN NAME Martha Thigpen
14. NAME OF H[redacted]R WIFE Sarah E. Burgess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Sarah McGee — Address Sikeston, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction — 6 months
DUE TO (c) Arteriosclerotic Heart Disease — 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1950, to 3-15-1959 and last saw her/him alive on 11 30 PM 3/14/59
Death occurred at 7:35 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD 0
22b. ADDRESS Sikeston, Mo.
22c. DATE SIGNED 3-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/17/1959
23c. NAME OF CEMETERY OR CREMATORY Garden of Memories
23d. LOCATION (City, town, or county) (State) Sikeston, Mo

24. FUNERAL DIRECTOR Albritton Funeral Home — ADDRESS Sikeston, Mo.
25. DATE RECD. BY LOCAL REG. 3-20-59
26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Raymond L. Griffin

Licensed Embalmer No. 4798

P. O. Address Dexter Me

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.