

Public Welfare Service

8
4-24-59
FILED APR 27 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014520
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 6031 Registrar's No. 19

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| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Current River Twp.</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Doniphan, Mo. 30</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8 mi. So. Doniphan</u> | | Length of stay in lb <u>2 years</u> | d. STREET ADDRESS (If outside, give location) <u>8 mi. So. Doniphan</u> |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Allen</u> Last <u>Mc Kee</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>22</u> Year <u>1959</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 3-1894</u> | 9. AGE (In years last birthday) <u>64</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store owner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Store Keeper</u> | 11. BIRTHPLACE (City and state or country) <u>Athens Texas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>(Unknown) Mc Kee</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Freeda Mc Kee</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>429-12-6421</u> | 17. INFORMANT <u>Freeda Mc Kee, Doniphan, Mo.</u> |
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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) <u>Bronchopneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cachexia</u> | | <u>12 months</u> |
| | DUE TO (c) <u>Uremia</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Severe Generalized Arthritis</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 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 <u>11:30</u> Month <u>PM</u> , Day <u>21</u> , Year <u>59</u> a.m. <u>7:15</u> p.m. | 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 | COUNTY | STATE |
|--|---|--|------------------------------|--------|-------|

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| 21. I attended the deceased from <u>11:30 PM</u> , to <u>7:15 AM</u> and last saw <u>her</u> alive on <u>2-21-59</u> Death occurred at <u>7:15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Williams Barnister D.O.</u> | 22b. ADDRESS <u>Doniphan, Mo.</u> | 22c. DATE SIGNED <u>3-16-59</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Feb. 24-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Doniphan Missouri</u> | (State) |
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| 24. FUNERAL DIRECTOR <u>Ray Means, Doniphan, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Mar. 16-1959</u> | 26. REGISTRAR'S SIGNATURE <u>Flava Broz</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

VS APR 27 1959

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 *Ray Mearns*

Licensed Embalmer No. *3743*

P. O. Address *Doniphan,*

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.