

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1959

59-028754

ICED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 942

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 2 yrs - 16		c. CITY OR TOWN E. St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) T 10 So. 6th St.			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Tomie Middle Last McGee				4. DATE OF DEATH Month Sept. Day 5 Year 1959					
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/5/1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker			10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (City and state or country) Hines, Mississippi		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME George McGee			13b. MOTHER'S MAIDEN NAME Sylvia Hall			14. NAME OF HUSBAND OR WIFE Almeda Davis McGee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 350 14 4430		17. INFORMANT MCFP - files Springfield, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion							INTERVAL BETWEEN ONSET AND DEATH Minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized							Years		
DUE TO (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchial asthma and pulmonary emphysema						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)					
20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from 8/20/57 to 9/5/59 and last saw her/him alive on 9/5/59 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. A. Hunter, M.D.			(Degree or title) Clinical Director			22b. ADDRESS Medical Center for Federal Prisoners - Springfield		22c. DATE SIGNED 9/8/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 14/59	23c. NAME OF CEMETERY OR CREMATORY Hazelwood			23d. LOCATION (City, town, county) (State) Springfield, Mo				
24. FUNERAL DIRECTOR Ayre-Goodwin Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 9-11-59		26. REGISTRAR'S SIGNATURE Effie G. Melton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. Larry Ayres

Licensed Embalmer No. 4594

P. O. Address Springfield,

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.