URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-033176

STATE FILE NUMBER

FILED VS OCT 7 1959

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 31

ENDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella — Length of stay in 1b: 13 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cardwell Memorial Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Newton
c. CITY OR TOWN: — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Stella, Mo. R#1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Allen — Middle: Edward — Last: McKee

4. DATE OF DEATH: Month: Sept. — Day: 15 — Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-15-1880
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months 6, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Granby, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Harden McKee
13b. MOTHER'S MAIDEN NAME: Melissa Catherine Carter
14. NAME OF HUSBAND OR WIFE: Josephine McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Josephine McKee — Address: Stella, Mo. R#1

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Medullary Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Overwhelming Toxicity	2 wks
DUE TO (c)	Carcinoma of Stomach	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 12-13-58, to 9-15-59 and last saw him alive on 9-15-59
Death occurred at 3:08 p.m., on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C R Hohman D.O.
22b. ADDRESS: Stella, Missouri
22c. DATE SIGNED: 9-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-17-59
23c. NAME OF CEMETERY OR CREMATORY: Macedonia Cem
23d. LOCATION (City, town, or county) (State): Stella, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Wm Morris Pogue Wheaton Mo.
25. DATE RECD. BY LOCAL REG.: 9-23-59
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James Kenyth Dunca

Licensed Embalmer No. 4767

P. O. Address Wheaton Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.