RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JAN 18 1960

-60-000353
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 37

DED

1. PLACE OF DEATH
a. COUNTY Buchanen
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Length of stay in 1b: 2 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Methodist Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY DeKalb
c. CITY OR TOWN Weatherby — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) in town — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: Nettie Middle: L Last: McFee
4. DATE OF DEATH Month: 1 Day: 10 Year: 60
5. SEX: female
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 9-7-1899
9. AGE (last birthday): 60
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Medlin
13b. MOTHER'S MAIDEN NAME: Martha Medlin
14. NAME OF HUSBAND OR WIFE: Virgil McFee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Virgil McFee Address: Weatherby Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
DUE TO (c)
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 May 1957, to 1-10-60 and last saw her alive on 1-10-60
Death occurred at 7:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J H Sweiger (Degree or title) M.D.
22b. ADDRESS Maryville, Mo.
22c. DATE SIGNED 1-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-13-60
23c. NAME OF CEMETERY OR CREMATORY Hopewell
23d. LOCATION (City, town, or county) Weatherby (State) Mo

24. FUNERAL DIRECTOR John Brown ADDRESS Maysville Mo
25. DATE RECD. BY LOCAL REG. Jan. 12, 1960
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF J. H. Sweiger, M.D. MEDICAL CERTIFICATION

US FEB 29 1960

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 John B

Licensed Embalmer No. 3933

P. O. Address Maysville

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