SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-022006
STATE FILE NUMBER

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 39

FILED JUL 6 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stella — Length of stay-in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cardwell Memorial Hospital — 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: Rural — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Neosho R.# 3 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HELEN Middle LOUEVA Last McGEHEE
4. DATE OF DEATH: Month June Day 1, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-18-20
9. AGE (last birthday): 40 — 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): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Ash Grove, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Shinn
13b. MOTHER'S MAIDEN NAME: Daisy Yancey
14. NAME OF HUSBAND OR WIFE: Orville H. McGehee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Orville H. McGehee, Address: Neosho R. # 3

MEDICAL CERTIFICATION

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): Shock Due to hemorrhage — 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Omental hemorrhage (postoperative) — 1 hr
DUE TO (c): Cholelithiasis c̄ common duct obstruction
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hemorrhage occurred 36 hours after surgery
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 24/61, to June 1, 61 and last saw her alive on June 1, 61
Death occurred at 12 M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] DO.
22b. ADDRESS: Noel, Mo.
22c. DATE SIGNED: 6-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-3-1961
23c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
23d. LOCATION (City, town, or county): Newton County (State): Missouri

24. FUNERAL DIRECTOR — ADDRESS: Thompson Funeral Home, Neosho, Missouri
25. DATE RECD. BY LOCAL REG.: 6/9/61
26. REGISTRAR'S SIGNATURE: Mildred Moberly

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmie C. Jobe

Licensed Embalmer No. 5140

P. O. Address Neosho, Mo.

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.