MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-028799
STATE FILE NUMBER

AMENDED ☐

Registration District No. 100 Primary Registration District No. _____ Registrar's No. 89

FILED AUG 23 1961

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gladden typ
Length of stay in 1b: 67 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at residence
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY Dent
c. CITY OR TOWN Salem
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Cedar Grove rt
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Samuel Middle Earl Last McGee
4. DATE OF DEATH: Month August Day 15 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-17-93
9. AGE (last birthday): 67
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: general
11. BIRTHPLACE (City and state or country): Dent Co Mo
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: John Ross McGee
13b. MOTHER'S MAIDEN NAME: Lucinda F Whitsett
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.:
17. INFORMANT: Paul McGee Address: Salem Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) We the jury believe that due to all the
DUE TO (b) evidence presented by the Coroner and Sheriff, in the death of S. Earl McGee, that there was no foul play involved, but
DUE TO (c) due to the evidence an open verdict as to cause of natural or accidental death is here returned.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Jury Verdict)
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Hayden B. Powell, Co. Coroner
22b. ADDRESS: 3rd St. Salem, Mo.
22c. DATE SIGNED: 8-22-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-23-61
23c. NAME OF CEMETERY OR CREMATORY: New Hope Cem
23d. LOCATION (City, town, or county) (State): Dent Co Missouri
24. FUNERAL DIRECTOR: Spencer Funeral Home Inc ADDRESS
25. DATE RECD. BY LOCAL REG.: 8/22/61
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by ame

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

AUG 30 1961

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2372

P. O. Address_____

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.