

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031967

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 986 STATE FILE NUMBER

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

FILED OCT 9 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Length of stay in 1b 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 713 Illinois Ave. Inside Limits Yes No
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 713 Illinois Ave. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Franklin Middle W. Last McGee 4. DATE OF DEATH Month September Day 25 Year 1961
5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH Oct. 16, 1887 9. AGE (last birthday) 79
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) Retired Switchman 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) Hendrix County, Indiana USA 12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME Edwin McGee 13b. MOTHER'S MAIDEN NAME Frances Jane Johnson 14. NAME OF HUSBAND OR WIFE Lulu McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address St. Joseph, Mo.
Mrs. Lulu McGee 713 Illinois Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), (c), (d), (e).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day
DUE TO (b) Cerebral Arteriosclerosis 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (c) Arteriosclerosis unknown
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 11/20/55 Month, Day, Year 11/20/55 a.m. p.m.

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 11/20/55 to 9/25/61 and last saw him alive on 9/25/61
Death occurred at 10:52 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sharon E. Waggoner M.D. 22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri 22c. DATE SIGNED 9/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Sept. 28, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home 120 Illinois Ave. 25. DATE RECD. BY LOCAL REG. Oct. 2, 1961 26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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

Emer A Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.