

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041800

MENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 52

STATE FILE NUMBER

AMENDED

FILED NOV 20 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>JACKSON</u>		c. CITY OR TOWN <u>JACKSON TWP.</u>	
Length of stay in 1b <u>98 YRS.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 MI. S.E. OF PARIS, MO.</u>		d. STREET ADDRESS (If outside, give location) <u>6 MI. S.E. OF PARIS, MO.</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT LEE MCGEE</u>			4. DATE OF DEATH Month Day Year <u>NOV. 12, 1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/22/1863</u>
9. AGE (last birthday) <u>98</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>20</u> Hours <u>—</u> Min. <u>—</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL FARMING</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>(UNKNOWN)</u>	
13b. MOTHER'S MAIDEN NAME <u>(UNKNOWN)</u>		14. NAME OF HUSBAND OR WIFE <u>JESSIE MCGEE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>J. TRAVIS JONES R-3 PARIS, MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>N.R.</u>
DUE TO (b) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>May 7, 1949</u> to <u>Nov. 12, 1961</u> and last saw ^{him} alive on <u>Nov. 11, 1961</u> Death occurred at <u>11:35 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J.A. Barnett M.D.</u>		22b. ADDRESS <u>Paris, Mo.</u>	22c. DATE SIGNED <u>11-12-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CEDAR GROVE</u>	23d. LOCATION (City, town, or county) (State) <u>3 MI. S.E. OF PARIS, MO.</u>
24. FUNERAL DIRECTOR <u>E. H. AGNEW - PARIS, MO</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-1961</u>	26. REGISTRAR'S SIGNATURE <u>J.A. Barnett M.D.</u>

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

E. W. Grew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.