

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019540

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 115

**FILED JUN 11 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		Length of stay in 1b. <b>4 days</b>	c. CITY OR TOWN <b>Braymer</b> Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chillicothe Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Braymer, Mo RFD</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Maud</b> Middle <b>May</b> Last <b>McBee</b>		4. DATE OF DEATH Month <b>May</b> Day <b>31</b> Year <b>1962</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-18-82</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	9. AGE (last birthday) <b>79yrs</b> IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
11a. FATHER'S NAME <b>Edward Else</b>		11b. MOTHER'S MAIDEN NAME <b>Sarah Harding</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		12b. SOCIAL SECURITY NO. <b>---</b>	
13a. FATHER'S NAME <b>Edward Else</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Harding</b>	
14a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		14b. SOCIAL SECURITY NO. <b>---</b>	
15. NAME OF DECEASED <b>Maud May McBee</b>		16. NAME OF INFORMANT <b>Edd McBee</b>	
17. ADDRESS <b>Braymer, Mo</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Paralytic stroke</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Atherosclerosis.</b> DUE TO (b) <b>---</b> DUE TO (c) <b>---</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE		20i. ADDRESS	
21. I attended the deceased from <b>5-27-62</b> to <b>5-30-62</b> and last saw her alive on <b>5-30-62</b> Death occurred at <b>5:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deputy or title) <b>J. M. Powell, MD</b>	
22b. ADDRESS <b>Chillicothe, Mo</b>		22c. DATE SIGNED <b>6-1-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-2-62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>McBee Chapel Cem.</b>		23d. LOCATION (City, town, or county) <b>Braymer, Mo</b>	
23e. ADDRESS <b>Braymer, Mo</b>		23f. DATE RECD. BY LOCAL REG. <b>June 1, 1962</b>	
23g. FUNERAL DIRECTOR <b>Mead-Pitts</b>		23h. REGISTRAR'S SIGNATURE <b>Annalee Taylor</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Bernard F Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.