

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031584

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 126

FILED SEP 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
  
10500  
2239  
3  
4 0  
5 0  
6  
7 0  
8 2  
99298  
10 42  
11 050  
1291-3  
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HERCULANEUM</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JOACHIM CREEK</u>		d. STREET ADDRESS (If outside, give location) <u>1618 MENARD</u>	
3. NAME OF DECEASED (Type or print) First <u>Melvin</u> Middle <u>Lee</u> Last <u>McGehee</u>		4. DATE OF DEATH Month <u>8</u> Day <u>29</u> Year <u>62</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 16, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (last birthday) <u>4</u>
11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CLAYTON McGehee</u>		13b. MOTHER'S MAIDEN NAME <u>Dolores CONWAY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT <u>CLAYTON McGehee</u>		Address <u>1618 MENARD</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>DROWNING.</u>			INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 checked="" 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.) <u>Fell into creek.</u>	
20c. TIME OF INJURY Hour <u>4:00</u> a.m. p.m. <u>8-29-62</u>			
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.) <u>CREEK.</u>	
20f. CITY, TOWN, OR LOCATION <u>JOACHIM TWP</u>		COUNTY STATE <u>JEFF. MO.</u>	
21. I attended the deceased from <u>CORONER'S VIEW.</u> and last saw her alive on _____ Death occurred at <u>4:00 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>James R. Palmer M.D. Coroner</u>		22b. ADDRESS <u>Feather, Mo.</u>	
22c. DATE SIGNED <u>8-29-62</u>			
23. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>AUG 31, 1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEWS Cem</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>Thomas Ruttis</u>		25. DATE RECD. BY LOCAL REG. <u>8/30/62</u>	
ADDRESS <u>2906 Shawnee</u>		26. REGISTRAR'S SIGNATURE <u>John W. Stell, Deputy</u>	

*[Handwritten signature]*

**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 *[Handwritten Signature]*  
Licensed Embalmer No. 4861

P. O. Address *Webster Avenue 19, 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.