

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40050

State File No. _____

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5182 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hebron Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hebron Mo</u>		01160
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi N Jackson</u>			d. STREET ADDRESS (If rural, give location) <u>6 Mi N Jackson</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u> b. (Middle) <u>McKee</u> c. (Last) <u>McKee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 14 - 50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 5 - 1886</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u> IF UNDER 1 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>David C. McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Gruery</u>		14. NAME OF HUSBAND OR WIFE <u>Della Sides (McKee)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>490-14-1162</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Della McKee Jackson Mo. R. 1</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MMO Carditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>April 4 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Throb</u>				
	DUE TO (c) <u>L</u>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>L</u>			<u>4222</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Jan 1, 1948, to Dec 14, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 3 1/2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Gerhardt M.D.</u>		23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>12-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 16 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Fruitland Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 16 - 50</u>	REGISTRAR'S SIGNATURE <u>J. S. Lusk</u>		43	25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabough - Hard</u>		ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

160

MAR 2 1951

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 6

Title No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. C. Laird

Signed.....
Student Embalmer

Licensed Embalmer No. 4538

P. O. Address Jackson, 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 this body is not embalmed, fact should be so stated above.