

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32901**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Mexico)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 515 E. Liberty	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hosptial			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM MARTIN	b. (Middle) McGEE	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1949
-------------------------------------	----------------------------------	--------------------------	-----------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Ralls County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Emma McGee
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME W. H. Mc Gee	ADDRESS Bowling Green
--	-------------------------------------	---	------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr + 4 1/2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis chr - angpneures chr. clud		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sciucility DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **10-1**, 19**48** to **10-17**, 19**49**, that I last saw the deceased alive on **10-17**, 19**49** and that death occurred at **5:45** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. S. Williams M.D.	23b. ADDRESS Mexico Mo.	23c. DATE SIGNED 10-18-49
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 1949	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Ralls County, Mo.
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG Oct 19 1949	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Paul	ADDRESS Mexico, Mo.
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 26 1949

RECEIVED OCT 24 1949
District Health Officer No. 10
District File Number 10-49-182
Doc File OCT 24 1949

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 _____
Student Embalmer

Signed Ralph L. Hueston Jr.
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.