No. 300
10.48

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Gofonth

State File No. 5840

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: RIPLEY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - DONIPHAN
c. LENGTH OF STAY (in this place): 5 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 Mi. North of DONIPHAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - DONIPHAN
d. STREET ADDRESS (If rural, give location): 1 Mi. North of DONIPHAN

3. NAME OF DECEASED (Type or Print)
a. (First): ELLEN
b. (Middle):
c. (Last): McGEE

4. DATE OF DEATH (Month) (Day) (Year): 1 - 23 - 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-8-1872
9. AGE (In years last birthday): 77 — If under 1 year: Months 9, Days 15 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wash Wilson
13b. MOTHER'S MAIDEN NAME: Frances Jones
14. NAME OF HUSBAND OR WIFE: SAM McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Grace Brooks — ADDRESS: Doniphan Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-12-50

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): Doniphan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1950, *to* 1-23, 1950, *that I last saw the deceased alive on* 1-23, 1950, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifford Gofonth Mo
23b. ADDRESS: Doniphan Mo.
23c. DATE SIGNED: 1-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-1950
24c. NAME OF CEMETERY OR CREMATORY: Wilson Cemetery
24d. LOCATION (City, town, or county) (State): Ripley County, Mo.

DATE REC'D BY LOCAL REG.: 2-25-50
REGISTRAR'S SIGNATURE: E B Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: L W Edwards — ADDRESS: Doniphan Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 3-8-50
District Health Officer No. 5,
District File Number 3-50-156
Date Filed 3-10-50

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.

Signed Carl B. Bird

Signed .....
Student Embalmer

Licensed Embalmer No. 4306

P. O. Address Doniphan, 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.