

STANDARD CERTIFICATE OF DEATH

21293

State File No.

JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4256 Registrar's No. 16

0792

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

1. PLACE OF DEATH a. COUNTY <u>N. W. New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>	
c. LENGTH OF STAY (In this place) <u>43</u>		d. STREET ADDRESS (If rural, give location) <u>Parma, Missouri</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>None</u>			

3. NAME OF DECEASED a. (First) <u>Columbus</u> b. (Middle) _____ c. (Last) <u>Gee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1952</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 26, 1875</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>7</u>	11. DAYS <u>1</u>	12. HOURS <u>0</u>	13. MINUTES <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wbk Kingriarra Mill</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mill Worker</u>	11. BIRTHPLACE (State or foreign country) <u>Polk County, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jan Gee</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Gee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Gee</u>	ADDRESS <u>Parma Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Progressive Muscular Atrophy</u>		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>3560</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 5, 1950, to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 8:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. George Hunter</u>	(Degree or title)	23b. ADDRESS <u>Parma Mo</u>	23c. DATE SIGNED <u>6/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 13, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/13/52</u>	REGISTRAR'S SIGNATURE <u>Dr. George Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Nathan Samuel Service</u>	ADDRESS <u>Parma</u>
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(Licensed Embalmer's Statement on Reverse Side)

THIS IS TO BE FILLED IN BY THE EMBALMER

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 Walter Marsh Watkins

✓ Licensed Embalmer No. 4717

P. O. Address Dexter, 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.