Dept. Health, Educ., & Welfare
U. S. Public Health Service

V. 6: 300 20
Rev. 6-57

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FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39059
STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 3016 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monroe Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 3 Mi. E. of Cosby — Length of stay in lb 1 Hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2623 Buehler — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle F. Last Gee

4. DATE OF DEATH Month Day Year Oct. 31, 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Aug. 15, 1890
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Associated with Retail
10b. KIND OF BUSINESS OR INDUSTRY Shoe Company
11. BIRTHPLACE (City and state or country) Rosendale, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ross Gee
13b. MOTHER'S MAIDEN NAME Nancy Jane Cobb
14. NAME OF HUSBAND OR WIFE Eva Gee

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. 419-09-5726
17. INFORMANT Address Mrs. Eva Gee, St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis — Minutes
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from veiwed, to ____ and last saw ~~her~~ him alive on ____
Death occurred at 4:00 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. L. Maxwell, D.O., Coroner 3
22b. ADDRESS 307 W. Main, Savannah, Mo.
22c. DATE SIGNED 10/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 3, 1957
23c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
23d. LOCATION (City, town, or county) (State) Savannah, Missouri

24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman In. St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. 11-14-57
26. REGISTRAR'S SIGNATURE Lillian Spark

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 .....

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.