

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004939
STATE FILE NUMBER
58-20

Registration District No. 93 Primary Registration District No. 5338 Registrar's No. 58-20

300
1-57

1. PLACE OF DEATH a. COUNTY <u>DADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>DADE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EVERTON Polk twp.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>EVERTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi W. of WALNUT GROVE</u> Length of stay in 1b <u>Lifetime</u>		d. STREET ADDRESS (If outside, give location) <u>5 mi W. of WALNUT GROVE Mo</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ELLA</u> Middle <u>FRANCES</u> Last <u>M E GEE</u>			4. DATE OF DEATH Month <u>3</u> Day <u>- 3</u> Year <u>- 58</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 8 - 1868</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	11. BIRTHPLACE (City and state or county) <u>DADE Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ISAAC WHEELER</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>FELIX M E 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 <u>JERLIE TURK - R 2 EVERTON - MO</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of lung (2nd)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 3x</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1-5-58 to 3-3-58 and last saw her ^{her} _{him} alive on 3-2-58
Death occurred at 5:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. Cowan M.D.</u> (Degree or title)	22b. ADDRESS <u>Greenfield Mo</u>	22c. DATE SIGNED <u>3-7-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-6-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wheeler Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>DADE Co - mo</u>
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24. FUNERAL DIRECTOR <u>Bruin - Daniel - Walnut Grove Mo.</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-7-1958</u>	26. REGISTRAR'S SIGNATURE <u>J. C. Canada</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Boyle Daniel

Licensed Embalmer No. 4202

P. O. Address Ash Grove
no.

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.