

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-006340

STATE FILE NUMBER

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 53

FILED FEB 26 1962

| | | | | | | | |
|--|--|---|--|--|---|---|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>HENRY</u> | | b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON</u> | | a. STATE <u>MO.</u> | | b. COUNTY <u>HENRY</u> | |
| Length of stay in 1b <u>1 day</u> | | c. CITY OR TOWN <u>DEEPWATER</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (if outside, give location) <u>NONE</u> | |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WETZEL HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | 5. SEX | |
| First Middle Last <u>Lewis B. McKee</u> | | | Month Day Year <u>FEB. 19 1962</u> | | | <u>MALE</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>12/28-81</u> | | 9. AGE (last birthday) <u>80</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | |
| <u>MAIL CARRIER</u> | | <u>DEEPWATER, MO.</u> | | <u>U. S. A.</u> | | | |
| 13a. FATHER'S NAME <u>WILLIAM MCKEE</u> | | | 13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE FISHER</u> | | | 14. NAME OF HUSBAND OR WIFE <u>LILLIE MCKEE</u> | |
| 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>MRS. NADINE DENNEY</u> | | Address <u>DEEPWATER, MO.</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute myocardial Infarction</u> | | | | | | | <u>2 min.</u> |
| DUE TO (b) <u>arterial sclerotic heart disease</u> | | | | | | | <u>4 yrs.</u> |
| DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Subacute bronchitis pneumonia, degenerative hemia, Ca of prostate</u> | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) | | | |
| 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 | |
| 21. I attended the deceased from <u>Jan 19 62</u> to <u>death</u> and last saw her/him alive on <u>2-19-62</u> Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree, or title) <u>Carroll R. Wetzelschlag</u> | | | | 22b. ADDRESS <u>Clinton Mo.</u> | | 22c. DATE SIGNED <u>2-20-62</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE <u>2-22-62</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Deepwater</u> | | 23d. LOCATION (City, town, or county) (State) <u>Deepwater MO.</u> | |
| 24. FUNERAL DIRECTOR <u>Melvin Lawrence Deepwater</u> | | | 25. DATE RECD. BY LOCAL REG. <u>Feb. 20, 1962</u> | | 26. REGISTRAR'S SIGNATURE <u>Mildred Bigum ray</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

BY AFFIDAVIT OF ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

MR

Mr. C. Wetzal

AUG 29 1962

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 Melvin L. Janssens
Licensed Embalmer No. 4529

P. O. Address El Dorado, Ark

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.