

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030022

FILED VS SEP 6 1960 77

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 299

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Cole</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Cole</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Jefferson City</i>		Length of stay in 1b <i>9 days.</i>		c. CITY OR TOWN <i>Centertown</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Memorial Community</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>none</i>		
3. NAME OF DECEASED (Type or print) First <i>LELA</i> Middle <i>—</i> Last <i>MCKEE</i>				4. DATE OF DEATH Month <i>August</i> Day <i>28</i> Year <i>1960</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>June 5, 1892</i>		
9. AGE (last birthday) <i>68</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>		IF UNDER 24 HR Hours <i>—</i> Min. <i>—</i>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Home making</i>		11. BIRTHPLACE (City and state or country) <i>Cole County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>USA.</i>	
13. FATHER'S NAME <i>James Shannon</i>			13b. MOTHER'S MAIDEN NAME <i>Nancy Sartain</i>			14. NAME OF HUSBAND OR WIFE <i>Patrick H. McKee</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Ralph P. McKee</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Embolus, Left Pulmonary Artery</i> <i>Massive</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cholelithiasis (8-22-60) acute cholelithiasis with hydrops.</i>						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 checked="" type="checkbox"/> NO <input 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 <i>8-19-1960</i> to <i>8-28-1960</i> and last saw her <i>alive</i> on <i>8-28-60</i> Death occurred at <i>2:35 P.</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Rendall P. Clark, M.D.</i>				22b. ADDRESS <i>515 E. High Jefferson City, Mo</i>		22c. DATE SIGNED <i>8-28-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal - Burial</i>		23b. DATE <i>Aug. 28, 1960</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Centertown Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Centertown, Missouri</i>		
24. FUNERAL DIRECTOR <i>Bawlin Funeral Home - Cal. P. 1010 Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>29 August 1960</i>		26. REGISTRAR'S SIGNATURE <i>R.P. Norris, M.D. - Richter, Reg.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, M.

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.