

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26439**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5146 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN rural, Davis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural, Davis</b>	
c. LENGTH OF STAY (up to this place) <b>life</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0130</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b>		b. (Middle) <b>Irene</b>	
c. (Last) <b>Mcbee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 4, 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	8. DATE OF BIRTH <b>Dec. 22, 1883</b>
9. AGE (In years last birthday) <b>70 yrs.</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Braymer, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Joe Phares Jones</b>	
13b. MOTHER'S MAIDEN NAME <b>Henra Etta Harris</b>		14. NAME OF HUSBAND OR WIFE <b>Eppa McBees</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Virgil Vanderpool</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		ADDRESS <b>Braymer, Mo</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11 months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>Cerebral Arteriosclerosis</b>		<b>many years</b>	
DUE TO (c) <b>Generalized Arteriosclerosis with Hypertension</b>		<b>many years</b>	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	<b>331X</b>
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?	
22. I hereby certify that I attended the deceased from <b>July 19 47</b> to <b>Aug 4, 1954</b> , that I last saw the deceased alive on <b>Aug 2, 1954</b> and that death occurred at <b>9:30 P.M.</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>D. E. Guelberg M.D.</b>		23b. ADDRESS <b>Braymer, Missouri</b>	23c. DATE SIGNED <b>8-7-54</b>
24a. BURIAL (CREMATION) REMOVAL (Specify)	24b. DATE <b>8-7-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McBee Chapel Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Braymer, Mo</b>
DATE REC'D BY LOCAL REG. <b>8-9-54</b>	REGISTRAR'S SIGNATURE <b>Mrs Ruth Anne Zuregard</b>	499-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mead's Funeral Service 5111 Braymer, Mo</b>

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

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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 .....  
Student Embalmer

Signed Bernard J. Mead  
Licensed Embalmer No. 2801

P. O. Address Braymer, 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.