

FILED FEB 17 1949

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4363

Dr. Lelsie

State File No. 34

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 53236		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. #1, Jefferson City 1 yr				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL--Jefferson Twnshp 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION R.F.D. #1, Jefferson City, Mo				d. STREET ADDRESS (If rural, give location) R.F.D. #1, Jefferson City Mo			
3. NAME OF DECEASED (Type or Print) Barbara Ann McKinney			a. (First)		b. (Middle)		c. (Last)
4. DATE OF DEATH Feb 10 1949		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept-20-1938		9. AGE (In years last birthday) 10		10. IF UNDER 1 YEAR Months 4 Days 21	
11. BIRTHPLACE (State or foreign country) Eldon, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Gail McKinney		13b. MOTHER'S MAIDEN NAME Ruth Jordan		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME A.M. Hogan		ADDRESS Jefferson City, Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture of skull DUE TO (c) Struck by automobile 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Internal injuries			
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building) Highway 50 East		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JEFFERSON City Cole Mo			
21d. TIME OF INJURY Feb. 10 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck by Automobile			
22. I hereby certify that I attended the deceased from Dead when viewed, that I last saw the deceased alive on _____, 19____, and that death occurred on Feb 10 1949, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Paul Leslie, M.D.				23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 2-11-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/12/1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery		24d. LOCATION (City, town, or county) (State) Near Eldon, Missouri	
DATE REC'D BY LOCAL REG. Feb 11-49		REGISTRAR'S SIGNATURE R.C. Darrin M.D.		FURNERAL DIRECTOR'S SIGNATURE Pop. J. Loran		ADDRESS Jefferson City, Mo	

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

RECEIVED  
District Health Officer No. 9,  
District Health Officer  
FEB 16 1949  
Date Filed

### 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

Licensed Embalmer No. 1286

P. O. Address Jefferson City 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.