

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11155

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>1 year 1 month 22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy</u>		0 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. State School 2</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>McKinley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Aug. 6 - 1930</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>18</u>	IF UNDER 1 YEAR Days <u>18</u>	IF UNDER 1 YEAR Hours <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri 10</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lloyd McKinley</u>			13b. MOTHER'S MAIDEN NAME <u>Mayme Taylor</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records Mo. State School Marshall</u>			ADDRESS.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-2-27</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>July 1948</u> , to <u>Feb. 27, 1949</u> , that I last saw the deceased alive on <u>Feb. 27, 1949</u> , and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. J. Kelly M.D.</u>			23b. ADDRESS <u>Mo. State School Marshall Mo.</u>			23c. DATE SIGNED <u>3/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri University Medical Center</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar 2-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>		385		25. GENERAL DIRECTOR'S SIGNATURE <u>Jessie W. Lewis, Marshall Mo.</u>	

RECEIVED
District Health Officer No. 3,
District File Number _____
Date Filed 4-1-49

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 P. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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 this body is not embalmed, fact should be so stated, above.