

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1949

State File No. 17

No. 300
10.48

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

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5265 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oldfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oldfield	
c. LENGTH OF STAY (in this place) 2 Yrs		22	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Wayne b. (Middle) -- c. (Last) Mc.Kinney			4. DATE OF DEATH (Month) (Day) (Year) July 8 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1922
9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY unemployed	11. BIRTHPLACE (State or foreign country) 0 Strafford, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Maxie Mc.Kinney		13b. MOTHER'S MAIDEN NAME Lucy Gates	
14. NAME OF HUSBAND OR WIFE Mary Mc.Kinney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 494-18-7055		17. INFORMANT'S SIGNATURE OR NAME Maxie Mc.Kinney, Oldfield, Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in forehead 22 Rifle Self Inflicted			
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.
19a. DATE OF OPERATION			
19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oldfield Christian Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 2, 1949 6:45 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? By his own hand	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) T. B. Chaffin, Coroner		23b. ADDRESS Ozark, Mo.	23c. DATE SIGNED July 7-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5, 1949	24c. NAME OF CEMETERY OR CREMATORY Bassville	24d. LOCATION (City, town, or county) (State) Greene Co. Mo.
DATE REC'D BY LOCAL REG. July 30-49	REGISTRAR'S SIGNATURE Lillie Barr	58	25. FUNERAL DIRECTOR'S SIGNATURE Springfield, Mo. ADDRESS

RECEIVED AUG 3 1949

District Health Office No. 6,

District File Number 849-299

Date Filed 8-3-49

JAN 19 1951

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. _____

P. O. Address _____

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.