

State File No. 31438

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

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>206</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>maoberly</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison Rural</u>		64	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smiley Park Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>		a. (First) <u>HUGH</u>		c. (Last) <u>McKINNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 12 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>10/28-1871</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Madison Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia</u>		14. NAME OF HUSBAND OR WIFE <u>Esther McKinney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>William McKinney</u>		ADDRESS <u>501 W. Rolling St. Maoberly, Mo.</u>		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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epilepsy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension arteriosclerosis</u> 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 _____		19c. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>FLD</u>		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 <input type="checkbox"/> 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>9-10</u> , 19 <u>49</u> , to <u>9-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>49</u> , and that death occurred at <u>7 a.m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>H. C. Griffith</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Maoberly Mo</u>		23c. DATE SIGNED <u>9-13-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-15-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary</u>		24d. LOCATION (City, town, or county) (State) <u>Madison Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank E. Thompson</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>9/15-49</u>		REGISTRAR'S SIGNATURE <u>Loan D. ...</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

RECEIVED SEP 19 1948
District Health Officer No.
District File Number 9-49-1
Date Filed SEP 19 1948

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

Frederic E. Thompson

Licensed Embalmer No. 1420

P. O. Address *Madison, 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.