

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41535

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4259 Registrar's No. 66

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| 1. PLACE OF DEATH a. COUNTY Knox | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Edina | |
| c. LENGTH OF STAY (in this place) 13 Hours | | d. STREET ADDRESS (If rural, give location) 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gibson Hospital. | | | |

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|-------------------------------------|-------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Elias | b. (Middle) Pearl | c. (Last) Mc Kinney | 4. DATE OF DEATH (Month) (Day) (Year) Dec- 13- 1949 |
|-------------------------------------|-------------------------|--------------------------|----------------------------|--|

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|-----------------|---------------------------|--|---------------------------------------|---|---------------------------------|-----------------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) Widowed | 8. DATE OF BIRTH April-13-1879 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 8 | IF UNDER 24 HRS. Hours Min. |
|-----------------|---------------------------|--|---------------------------------------|---|---------------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Dealer in Junk | 11. BIRTHPLACE (State or foreign country) Knox City, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Wm. McKinney | 13b. MOTHER'S MAIDEN NAME Rebecca Bryant | 14. NAME OF HUSBAND OR WIFE Lulu Peters. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Maurice Mitchell | ADDRESS Edina, Mo. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction | | INTERVAL BETWEEN ONSET AND DEATH 4222 |
| | 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. Hyperextension | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 12/12, 1949, to 12/13, 1949, that I last saw the deceased alive on 12/13, 1949, and that death occurred at 4:25 pm., from the causes and on the date stated above.

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| 23a. SIGNATURE C. C. G. [Signature] (Degree or title) | 23b. ADDRESS Edina, Mo. | 23c. DATE SIGNED 12-15-49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec-15-1949 | 24c. NAME OF CEMETERY OR CREMATORY Linville | 24d. LOCATION (City, town, or county) (State) Edina, Missouri |
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| DATE REC'D BY LOCAL REG. Dec-15-49 | REGISTRAR'S SIGNATURE Thelma S. Dunbar | 25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson | ADDRESS Edina, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 19 1948
District Health Officer No
District File Number 12-49
Date Filed DEC 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 *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina Md*

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.