

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43358**

FILED JAN 11 1950

97
6
0

BIRTH NO. _____		REG. DIST. NO. 322		PRIMARY REG. DIST. NO. 4471		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) Gillean		c. LENGTH OF STAY (in this place) 55 years		c. CITY (If outside corporate limits, write RURAL and give township) Gillean		OR TOWN 97	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED a. (First) John William (Type or Print)			b. (Middle) McKinney			c. (Last) McKinney	
4. DATE OF DEATH (Month) (Day) (Year) Dec - 26 - 49							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED / WIDOWED Never married		8. DATE OF BIRTH Oct 16 - 1862	
9. AGE (in years last birthday) 87-2-10		IF UNDER 1 YEAR Months Days Hours Mins.		9. AGE (in years last birthday) 87-2-10		IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of adult life, even if retired) Grocery Merchant		10b. KIND OF BUSINESS OR INDUSTRY Merchandise		11. BIRTHPLACE (State or foreign country) Pa		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Ferguson King		13b. MOTHER'S NAME Christina Virginia		14. NAME OF HUSBAND OR WIFE Virginia			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Wm Preston Byne Gillean 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute meningitis					INTERVAL BETWEEN ONSET AND DEATH 1 wk.
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. nephritis					years
		DUE TO (c) Carcinoma of prostate					6 mo.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Prostate hypertrophy					years
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		1771 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Oct. 7, 1949 , to Dec. 26, 1949 , that I last saw the deceased alive on Dec. 25, 1949 and that death occurred at 5:35 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. A. McKinney, M.D.			23b. ADDRESS Slater Mo.		23c. DATE SIGNED 12/28/49		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec-28-49		24c. NAME OF CEMETERY OR CREMATORY Gillean Cemetery		24d. LOCATION (City, town, or county) (State) Gillean Mo	
DATE REC'D BY LOCAL REG. 12-29-49		REGISTRAR'S SIGNATURE Mr. Earl C. Metz		25. FUNERAL DIRECTOR'S SIGNATURE James Salzer		ADDRESS Slater Mo	

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

District Health Officer

Case No. _____

Date Filed 1-10-50

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 _____

working under my personal supervision.

Student _____
Student Embalmer

Student Embalmer No. _____

Signed Miss E Jones

Licensed Embalmer No. 3143

P. O. Address Stater Mrs

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.