

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43371**

FILED JAN 6 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6102** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>SCOTLAND</b>		2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>SCOTLAND</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL JEFFERSON</b>		c. CITY (If outside corporate limits, write RURAL and give township) : OR TOWN <b>RURAL JEFFERSON 94</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>SOUTH WEST OF MEMPHIS 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>IVA G</b> b. (Middle) <b>MCKINLEY</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>10 26 49</b>		
5. SEX <b>FEMALE WHITE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JULY 20, 89</b>		9. AGE (In years last birthday) <b>60</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>6</b> Hours Min.	
11. BIRTHPLACE (State or foreign country) <b>KY 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>FRED WILLIAMS</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH STANLEY</b>		14. NAME OF HUSBAND OR WIFE <b>O.O. MCKINLEY</b>	
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. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O.O. McKinley MEMPHIS</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Radical Mastectomy</b> DUE TO (c) <b>Carcinoma of breast (supp report)</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				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)		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 **9-9-1949**, to **10-26-1949**, that I last saw the deceased alive on **10-26-1949**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A.M. Keethle, D.O.</b>		23b. ADDRESS <b>Memphis MO</b>		23c. DATE SIGNED <b>10-30-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-30-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMPHIS CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>MEMPHIS MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ollie Gayne &amp; Sons Memphis</b>			

12/14/49

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 1 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 1-50-1  
JAN 1 1950

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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.