

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

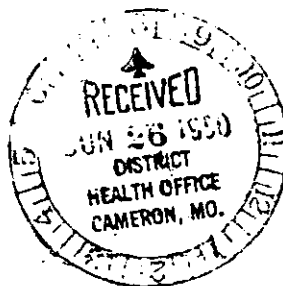
State File No. 23966

BIRTH NO.		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3138		Registrar's No. 311	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		0585	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Brookfield Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Brookfield Hospital</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FLORA</u>		b. (Middle) <u>-</u>		c. (Last) <u>McKINNEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June-31-1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>June-6-1877</u>		9. AGE (in years last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>		11. IF UNDER 18 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John H. Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Galbar</u>		14. NAME OF HUSBAND OR WIFE <u>Dwight 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 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cancer of left breast 4 yrs</u>			
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 21, 1950</u> to <u>June 21, 1950</u> , that I last saw the deceased alive on <u>June 21, 1950</u> and that death occurred at <u>3:25 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. B. Simpson</u>				23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>6/22/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June-23-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Michael Bern</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-23-50</u>		REGISTRAR'S SIGNATURE <u>W. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Will Funeral Home</u>		ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 10 1950



RECEIVED AUG 5 1950
District Health Officer No. 1
District File Number 8-50-1276
Date Filed AUG 9 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 _____

J. H. Blacklock

Licensed Embalmer No. *2246*

P. O. Address _____

Brookfield 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.