

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26728

State File No.

FILED AUG 23 1950

BIRTH NO. _____ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ironton, Mo. Rfd. Arcadia	
c. LENGTH OF STAY (In this place) 54 Yrs		d. STREET ADDRESS (If rural, give location) 0430	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) L	c. (Last) Mc Kinzie	4. DATE OF DEATH (Month) (Day) (Year) 8 15 50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/24/1896	9. AGE (In years last birthday) IF UNDER 1 YEAR 54	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 20	IF UNDER 1 YEAR Hours 0	IF UNDER 1 YEAR Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Iron Mountain Mo	12. CITIZEN OF WHAT COUNTRY? US.A.
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13a. FATHER'S NAME Alben Mokinzie	13b. MOTHER'S MAIDEN NAME Mary E Brown	14. NAME OF HUSBAND OR WIFE Blanche Mc Kinzie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Blanche bMcKinzie Ironton Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4/201
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4 AM** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) CORONER	23b. ADDRESS IRONTON, MO.	23c. DATE SIGNED 8/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8/17/50	24c. NAME OF CEMETERY OR CREMATORY IRON MOUNTAIN	24d. LOCATION (City; town, or county) (State) IRON MOUNTAIN MO
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DATE REC'D BY LOCAL REG. Aug 18, 1950	REGISTRAR'S SIGNATURE [Signature]	128	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Howell Funeral Home
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

RECEIVED

AUG 21 1950

DEPT HEALTH OFFICE N.Y.S.

File No.

SEP 16 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 _____

[Handwritten signature]

Student Embalmer No.

working under my personal supervision.

Signed _____

[Handwritten signature]

Signed)

Student Embalmer

Licensed Embalmer No. *3670*

P. O. Address *Brooklyn*

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.