

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27566

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 577 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Marian Twp.)</b>	c. LENGTH OF STAY (in this place) <b>58 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>0650</b> OR TOWN <b>Rural (Marian Twp.)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Willard</b> c. (Last) <b>McKinney</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 10, 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1891</b>	9. AGE (In years last birthday) <b>58</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Byron McKinney</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Ragan</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>Yes World War #1</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>X Ray C McKinney</b>	ADDRESS <b>Mo</b>
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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) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 mins</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (c) stating the underlying cause last. <b>myocardial failure</b>		
	DUE TO (b)		<b>yes</b>
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>4201</b>

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)
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?

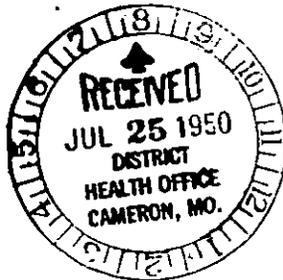
22. I hereby certify that I attended the deceased from May 26, 1950, to July 10, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. Lawrence H. D. 2</b>	(Degree or title)	23b. ADDRESS <b>Mercer Mo.</b>	23c. DATE SIGNED <b>July 15-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 14, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>McKinney Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer County Mo.</b>

DATE REC'D BY LOCAL REG. <b>7-24-50</b>	REGISTRAR'S SIGNATURE <b>M. J. Rutz</b>	393	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ma L. Charles Lincoln Co.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 14 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,         

Student Embalmer No.         

working under my personal supervision.

Student           
Student Embalmer

Signed James L. Granger

Licensed Embalmer No. 3967

P. O. Address Lincolnton, N.C.

**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.