

FILED JUN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16375

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 9

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Howell</p> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p style="text-align: center;">Missouri</p> b. COUNTY <p style="text-align: center;">Howell</p> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <p style="text-align: center;">Brandsville</p> | | c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Brandsville</p> | |
| c. LENGTH OF STAY (in this place) <p style="text-align: center;">36 Yrs.</p> | | d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0</p> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">NOVA</p> | | b. (Middle) <p style="text-align: center;">SARAH</p> | |
| | | c. (Last) <p style="text-align: center;">MCKINNEY</p> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">April 28 1951</p> | | | |
| 5. SEX <p style="text-align: center;">Female</p> | 6. COLOR OR RACE <p style="text-align: center;">White</p> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Widowed</p> | 8. DATE OF BIRTH <p style="text-align: center;">Nov. 30, 1877</p> |
| 9. AGE (in years last birthday) <p style="text-align: center;">73</p> | | IF UNDER 1 YEAR Months <p style="text-align: center;">4</p> | IF UNDER 24 HRS. Days <p style="text-align: center;">28</p> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Domestic</p> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Alton, Mo.</p> | | 12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p> | |
| 13a. FATHER'S NAME <p style="text-align: center;">Samuel Anderson</p> | | 13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Julie Vids</p> | |
| 14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">William McKinney</p> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. Ber Harpiston</p> | | ADDRESS <p style="text-align: center;">Brandsville, Mo.</p> | |
| 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, assthenia, etc.; it means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Caecum of Colon</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 <p style="text-align: center;">153X</p> | |
| 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) (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>Nov 10, 1951</u> , to <u>Nov 10, 1951</u> , that I last saw the deceased alive on <u>June 10, 1951</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <p style="text-align: center;">D. W. Cooper</p> | | 23b. ADDRESS <p style="text-align: center;">M.O.</p> | |
| 23c. DATE SIGNED <p style="text-align: center;">The 5-8-57</p> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p> | | 24b. DATE <p style="text-align: center;">April 20, 1951</p> | |
| 24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Union Hill</p> | | 24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Howell Co., Mo.</p> | |
| DATE REC'D BY LOCAL REG. <p style="text-align: center;">5-21-51</p> | | REGISTRAR'S SIGNATURE <p style="text-align: center;">Beatrice Cook</p> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Richard Carter</p> | | ADDRESS <p style="text-align: center;">Thayer, Mo.</p> | |

(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, MAY 28 1951

Dist. File 557-9207

Date Filed 5-28-51

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 _____

Licensed Embalmer No. 4516

P. O. Address _____
Shawnee

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.