

FILED JUL 14 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

19300

|                                                                                                                                                                                                                                                                                          |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                                                                           |  | REG. DIST. NO. 1                                                                                       |  | PRIMARY REG. DIST. NO. 3000                                                                                                                                                                                                                                                                                                                                                             |  | Registrar's No. 185                                                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Adair</u>                                                                                                                                                                                                                                              |  |                                                                                                        |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>                                                                                                                                                                                                                                            |  |                                                                                    |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville</u>                                                                                                                                                                                            |  |                                                                                                        |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>                                                                                                                                                                                                                                                                                             |  |                                                                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grim Smith</u>                                                                                                                                                                                                                                |  |                                                                                                        |  | d. STREET ADDRESS (If rural, give location) <u>1</u>                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>MCKINNEY</u> c. (Last) <u>MCKINNEY</u>                                                                                                                                                                    |  |                                                                                                        |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>July-5-1951</u>                                                                                                                                                                                                                                                                                                                                |  |                                                                                    |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                       |  | 6. COLOR OR RACE <u>White</u>                                                                          |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>                                                                                                                                                                                                                                                                                                                  |  | 8. DATE OF BIRTH <u>July-11-1882</u>                                               |  |
| 9. AGE (in years) <u>68</u>                                                                                                                                                                                                                                                              |  | 10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>                                                      |  | 11. BIRTHPLACE (State or foreign country) <u>Mo.</u>                                                                                                                                                                                                                                                                                                                                    |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                         |  |
| 13a. FATHER'S NAME <u>Martin McKinney</u>                                                                                                                                                                                                                                                |  |                                                                                                        |  | 13b. MOTHER'S MAIDEN NAME <u>Margaret Richardson</u>                                                                                                                                                                                                                                                                                                                                    |  | 14. NAME OF HUSBAND OR WIFE <u>Howard McKinney</u>                                 |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>                                                                                                                                                                                                              |  |                                                                                                        |  | 16. SOCIAL SECURITY NO. <u>609-07-6317</u>                                                                                                                                                                                                                                                                                                                                              |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Howard McKinney</u> ADDRESS <u>Moberly Mo</u> |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                                          |  |                                                                                                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Nephritis</u><br>DUE TO (c) <u>Prostatic obstruction</u><br>II. OTHER SIGNIFICANT CONDITIONS <u>Patient had pentathal - cystoscopy com- pleted - expired 5 minutes later after anesthetic discontinued but before he left surgery -</u> |  |                                                                                    |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                                                   |  |                                                                                                        |  | 19b. MAJOR FINDINGS OF OPERATION <u>anesthetic discontinued but before he left surgery -</u>                                                                                                                                                                                                                                                                                            |  |                                                                                    |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                         |  |                                                                                                        |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u><br><u>610X</u>                                                                                                                                                                                                                                                                                                                            |  |                                                                                    |  |
| 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)                                                                                                                                                                                                                                                                                                                                         |  | 21f. HOW DID INJURY OCCUR?                                                         |  |
| 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"/> |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |  |
| 22. I hereby certify that I attended the deceased from <u>July 4</u> , 19 <u>51</u> , to <u>July 5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 5</u> , 19 <u>51</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above. |  |                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                    |  |
| 23a. SIGNATURE <u>George E. Grim</u> (Degree or title) <u>MD</u>                                                                                                                                                                                                                         |  |                                                                                                        |  | 23b. ADDRESS <u>Kirkville, Missouri</u>                                                                                                                                                                                                                                                                                                                                                 |  | 23c. DATE SIGNED <u>7/5/51</u>                                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>                                                                                                                                                                                                                                 |  | 24b. DATE <u>7/5/51</u>                                                                                |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>                                                                                                                                                                                                                                                                                                                                       |  | 24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>                    |  |
| DATE REC'D BY LOCAL REG. <u>7-5-51</u>                                                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <u>Rate Lambert</u>                                                              |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Snover Funeral Home</u> ADDRESS <u>Moberly Mo</u>                                                                                                                                                                                                                                                                                                   |  |                                                                                    |  |

(Licensed Embalmer's Statement on Reverse Side)

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

1961 61 7

Date Received: JUL 11 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-57-1344  
Date Filed: JUL 12 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*R. M. Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4117

P. O. Address *Proberly 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.