

No. 30  
10. 48

FILED JUL 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22060

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. 191

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, or institution of residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Harrisburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisburg</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 - Perche Tp.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1 - Perche Tp.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MILDRED</u> c. (Last) <u>McKENZIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 18, 1865</u>
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>2</u>	11. UNDER 24 HRS. Hours <u>2</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James Forbis</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Anderson McKenzie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Willard W. McKenzie, Harrisburg, Mo.</u>		18. 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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular degenerative disease</u> DUE TO (c) <u>Callad gaitre massive</u> 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 <u>4201</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)	
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 <u>7-19</u> , 19 <u>51</u> , to <u>7-20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-19</u> , 19 <u>51</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>James Atkins M.D.</u> (Degree or title)		23b. ADDRESS <u>506 Cherry, Columbia</u>	
23c. DATE SIGNED <u>7-20-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 22, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red Rock Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. R. E. Palmerby &amp; E. Parker Funeral Service, Columbia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 20, 1951</u>		25. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED** 7-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-25-51

**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 \_\_\_\_\_

*Joseph W. Phillips*

Student Embalmer No. 479

working under my personal supervision.

Student *Joseph W. Phillips*  
Student Embalmer

Signed *Tom McHarg*

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.