

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38025**
 Registrar's No. **102**

FILED NOV 29 1951

BIRTH NO. _____ REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038**

0587
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) Brookfield		c. LENGTH OF STAY (in this place) 7 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Brookfield, 0582		
d. FULL NAME OF HOSPITAL OR INSTITUTION 702 N. Main			d. STREET ADDRESS (If rural, give location) 702 North Main St.		
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) McKinney c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 10, 1875		9. AGE (In years last birthday) 76 IF UNDER 1 YEAR: Months 9 Days 8 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) NEW BOSTON, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME James Gray McKinney		13b. MOTHER'S MAIDEN NAME Martha Jewett	14. NAME OF HUSBAND OR WIFE Maude L. McKinney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude L. McKinney Brookfield, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis & infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) chronic myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 yrs 5 yrs 0.4 yrs
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4201			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 11-16, 1951 , to 11-16, 1951 , that I last saw the deceased alive on 11-16, 1951 , and that death occurred at 10 P. m., from the causes and on the date stated above.					
23a. SIGNATURE GG Smith		23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 11-18		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 21, 1951	24c. NAME OF CEMETERY OR CREMATORY, NEW BOSTON CEM.	24d. LOCATION (City, town, or county) (State) NEW BOSTON, Mo		
DATE REC'D BY LOCAL REG. Nov. 20, 1951	REGISTRAR'S SIGNATURE H. J. Burkhalter Deputy	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Larson Funeral Service, Brookfield, Mo			

DEC 27 1951

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Date Received: NOV 26 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-24
Date Filed: NOV 26 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 C. A. Larson

Signed.....
Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.