

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42375

State File No. ....

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

FILED JAN 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>4360</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> <u>0721</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>McKinney</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1951</u>					
5. SEX <u>Male</u> <u>2</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>		8. DATE OF BIRTH <u>Feb. 6 1899</u>		
9. AGE (In years last birthday) <u>52</u> <u>16</u> <u>20</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 60 MIN. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert McKinney</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Annie McKinney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Annie McKinney-Portageville, Mo.</u> 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.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Intestines</u>						INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid 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						
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? <u>153X</u>				
22. I hereby certify that I attended the deceased from <u>9-24</u> , 19 <u>51</u> , to <u>12-26</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>51</u> , and that death occurred at <u>8:30</u> P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. B. Bennett, D.C.I.</u>				23b. ADDRESS <u> Hwy. 61 N - Portageville, Mo.</u>		23c. DATE SIGNED <u>12-29-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-30-51</u>		REGISTRAR'S SIGNATURE <u>Ellen De Leake</u> <u>219</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home-Lilbourn, Mo.</u> ADDRESS _____				

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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.....

*Homer L. Ponder*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3367*

P. O. Address *Tillbourn, 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.