

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3718

State File No.

FILED JAN 29 1952

BIRTH NO.		REG. DIST. NO. 356		PRIMARY REG. DIST. NO. 6202		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Texas			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Carey		c. LENGTH OF STAY (In this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural Carey		1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) ELNORA		a. (First)		b. (Middle)		c. (Last) McKINNEY	
4. DATE OF DEATH (Month) (Day) (Year) 1 9 52		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 15, 1867		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Chemical		13b. MOTHER'S MAIDEN NAME Sarah Rooley		14. NAME OF HUSBAND OR WIFE Carson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Herford M. E. Kinney		ADDRESS Houston 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Acute Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Arteriosclerosis DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Heart Disease Gradually				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 416X				20. AUTOPSY? YES ☐ NO ☐	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1948, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952 and that death occurred at 12:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. D. Dusing MD		(Degree or title)		23b. ADDRESS Houston Mo		23c. DATE SIGNED 1/10/52	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE 1-11-52		24c. NAME OF CEMETERY OR CREMATORY Oak		24d. LOCATION (City, town, or county) (State) Texas Co. Mo.	
DATE REC'D BY LOCAL REG. Jan 25-1952		REGISTRAR'S SIGNATURE Myrtie Craig		327		25. FUNERAL DIRECTOR'S SIGNATURE Rayford V. Elliott	
						ADDRESS Houston Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Frank E. Hood

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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.