

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13971**

FILED APR 21 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 129

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

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
c. LENGTH OF STAY (In this place) 54 yrs		d. STREET ADDRESS (If rural, give location) 909 Michigan	
d. FULL NAME OF HOSPITAL OR INSTITUTION 909 Michigan			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Jones c. (Last) McKinney Sr.			4. DATE OF DEATH (Month) (Day) (Year) April 13 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH April 17, 1868		9. AGE (In years last birthday) 83		10. UNDER 1 YEAR Months 11 Days 26 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY retired Merchant		11. BIRTHPLACE (State or foreign country) Franklin Co., Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James McKinney		13b. MOTHER'S MAIDEN NAME Melinda Cornwall		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. 493-26-5612		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.J. McKinney Jr. Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Uremia		DUE TO (b) Cardio-Vascular-Renal Disease		4 weeks	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		2 years	
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 442X		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) (Min.)		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 Jan 5, 1950, to April 13, 1952, that I last saw the deceased alive on April 13, 1952 and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. Geo. L. Watkins Sr. MD.		23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 4-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/16/1952		24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	
				24d. LOCATION (City, town, or county) (State) Farmington, Missouri	

DATE REC'D BY LOCAL REG. April 16, 1952		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul Miller Miller Funeral Home Farmington, Mo.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bulk Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.