

FILED JUN 11 1952

STANDARD CERTIFICATE OF DEATH

19121
State File No.

BIRTH NO.		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>4521</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSTON</u>		c. LENGTH OF STAY (in this place) <u>18 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HOUSTON</u>		d. STREET ADDRESS (If rural, give location) <u>1070 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION							
3. NAME OF DECEASED (Type or Print) a. (First) <u>IVA</u>		b. (Middle) <u>V.</u>		c. (Last) <u>McKINNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 26 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 19 1979</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>SOLO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>MAT</u>		13b. MOTHER'S MAIDEN NAME <u>MALTI DA FRY</u>		14. NAME OF HUSBAND OR WIFE <u>AUSTIN McKINNEY</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>AUSTIN McKINNEY</u>		ADDRESS <u>HOUSTON MO</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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				INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>2 1/2 yrs.</u>			
19b. MAJOR FINDINGS OF OPERATION				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) <u>4201</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>12-1</u>		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 <u>12-1</u> , 19 <u>49</u> , to <u>5-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5-26</u> , 19 <u>52</u> , and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Kathryn M. ...</u>				23b. ADDRESS <u>Houston, MO</u>		23c. DATE SIGNED <u>5-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SOLO</u>		24d. LOCATION (City, town, or county) (State) <u>SOLO TEXAS MO</u>	
DATE REC'D BY LOCAL REG. <u>June 9-52</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayward V. Elliott</u>		ADDRESS <u>HOUSTON, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

1957
9
111

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. Wood

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.