

## STANDARD CERTIFICATE OF DEATH

State File No. 20013

BIRTH NO. REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Ozage</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Union</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Belle Mo</i>	
c. LENGTH OF STAY (in this place)		67 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>20 Hambro St.</i>		d. STREET ADDRESS (If rural, give location) <i>R. R. 1.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Thomas Jefferson</i>	b. (Middle) <i>McKinney</i>	c. (Last) <i>McKinney</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>June 19 1952</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>September 6 1876</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months <i>9</i>	IF UNDER 24 HRS. Days <i>13</i>	Hours <i>13</i>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Belle Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Thomas W. McKinney</i>	13b. MOTHER'S MAIDEN NAME <i>Ludana Cox</i>	14. NAME OF HUSBAND OR WIFE <i>Bertha McKinney</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>✓</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bertha McKinney</i>	ADDRESS <i>Union Mo.</i>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio sclerotic Cardiovascular Disease</i>		<i>6 Mo</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>vascular Disease</i>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hypertrophic Arthritis</i>			<i>4 Mo</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4221</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from *7-8-52*, 19*52*, to *6-19*, 19*52*, that I last saw the deceased alive on *6-19*, 1952, and that death occurred at *4:45 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>B. H. Stuchlik M.D.</i>	23b. ADDRESS <i>Union, Mo.</i>	23c. DATE SIGNED <i>6-20-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6/27/1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Belle Mo.</i>	24d. LOCATION (City, town, or county) (State) <i>Belle Mo.</i>
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DATE REC'D BY LOCAL REG. <i>June 21-1952</i>	REGISTRAR'S SIGNATURE <i>E. T. Cooper</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. F. Altman</i>	ADDRESS <i>Union Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 E. H. Altman

Licensed Embalmer No. 1686

P. O. Address Union, 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.