No. 300
10.48

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

FILED SEP 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33991

BIRTH NO. _____ REG. DIST. NO. 956 PRIMARY REG. DIST. NO. 6209 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL PINEY
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 1590
d. STREET ADDRESS (If rural, give location): 7 MI N. HOUSTON

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CASWELL
c. (Last): McKINNEY

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 9 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 29 1870

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): TEXAS CO MO.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ABE McKINNEY

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: MARY McKINNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ND
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: ROBERT McKINNEY BUCYRUS 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* (a) Acute Cardio Respiratory failure — 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) Prostatic Obstruction + Uremia (Severe)

DUE TO (c) Hypertensive Arteriosclerotic Degenerative Decompensative Heart Disease Grade IV

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: 4200

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) m.:

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* Feb. 15, 1948, *to* Feb 8, 1952, *that I last saw the deceased alive on* Feb. 8, 1952, *and that death occurred at* 6:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Burns, M.D. (Degree or title)

23b. ADDRESS: Houston Mo

23c. DATE SIGNED: 9/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 9-11-1952

24c. NAME OF CEMETERY OR CREMATORY: EMERY

24d. LOCATION (City, town, or county) (State): TEXAS CO MO

DATE REC'D BY LOCAL REG.: Sept. 17-52

REGISTRAR'S SIGNATURE: Myrtle Craig

327

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: ELLIOTT FUNERAL HOME HOUSTON, MO

(Licensed Embalmer's Statement on Reverse Side)

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.