

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

611

State File No.

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232 Registrar's No. 14

5190
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Union</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (In this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi south east Cleveland mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u>			

3. NAME OF DECEASED a. (First) <u>WALTER DANIEL NEWTON</u> (Type or Print)			b. (Middle) <u>Mc KINLEY</u>			c. (Last) <u>Mc KINLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22 - 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 16 - 1888</u>			9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>				11. BIRTHPLACE (State or foreign country) <u>Stillwell Kans.</u>				12. CITIZEN OF WHAT COUNTRY <u>US</u>		

13a. FATHER'S NAME <u>John Henry Mc Kinley</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Nicholas</u>			14. NAME OF HUSBAND OR WIFE <u>Minnie May Mc Kinley</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Ike Mc Kinley</u>			ADDRESS <u>Cleveland Mo</u>		

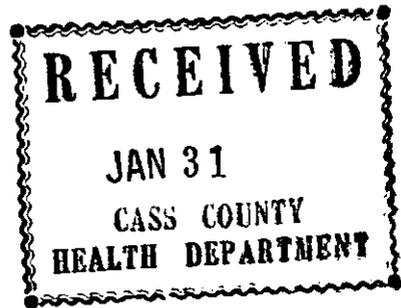
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CAPILLARY BRONCHITIS</u>							<u>4 days</u>	
		ANTECEDENT CAUSES								
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>INFLUENZA</u> DUE TO (c) _____								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive HEART FAILURE</u>								

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>						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)		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 1-20, 1953, to 1-28, 1953, that I last saw the deceased alive on 1-22, 1953, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. F. Gatter</u> (Degree or title)			23b. ADDRESS <u>Louisburg, KANSAS.</u>			23c. DATE SIGNED <u>1-24-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-25-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belters Ceme</u>		24d. LOCATION (City, town, or county) (State) <u>Belters Mo. Cass Co.</u>			

DATE REC'D BY LOCAL REG <u>Jan 27 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Myers</u>		ADDRESS <u>Cleveland Mo</u>	
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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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland Mo.

Notes: 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.