

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. _____

930

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>	
c. LENGTH OF STAY (In this place) <u>20 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>439a Stafford</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>439a Stafford</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Guy C.</u> c. (Last) <u>McKinney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 19 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>June 13, 1892</u>		
9. AGE (In years last birthday) <u>60</u>		10. MONTHS <u>7</u>		11. DAYS <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Worker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Co.</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Fort Worth, Texas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>William McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Hull</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha McKinney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>493-01-0597</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bertha McKinney, Washington, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic C.V.R. disease</u> DUE TO (c) <u>Age</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Recent coronary thrombosis & recovery.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>10 yrs?</u>	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</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) m.		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 23 Nov, 1952, to 19 Jan, 1953, that I last saw the deceased alive on 18 Jan, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Raymond J. Brown M.D.</u> (Degree or title)		23b. ADDRESS <u>Washington, Mo.</u>		23c. DATE SIGNED <u>20 Jan 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Mo. Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nieburg & Vitt, Inc. Washington, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 21, 1953</u>		REGISTRAR'S SIGNATURE <u>F.L. Stucknorn</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 20 1953

FEB 20 1953

JAN 30 1953

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

Jerome F. Sivoloda

Licensed Embalmer No. 4507

P. O. Address

Washington

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.