

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

15029

State File No.

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Mississippi</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Mississippi</u>	
c. LENGTH OF STAY (in this place) <u>2 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston</u>		d. STREET ADDRESS (If rural, give location) <u>South St.</u>		<u>8672</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. South St.</u>				d. STREET ADDRESS (If rural, give location) <u>South St.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Harold</u>		b. (Middle) <u>Lloyd</u>		c. (Last) <u>McKinzie</u>		Month (Day) (Year) <u>March, 30, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>Jan. 14, 1953</u>		9. AGE (In years last birthday) <u>2</u> MONTHS <u>2</u> DAYS <u>16</u> HOURS <u>15</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Cairo, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Paul McKinzie</u>			13b. MOTHER'S MAIDEN NAME <u>Virginia Cook</u>			14. NAME OF HUSBAND OR WIFE	
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 ADDRESS <u>Paul McKinzie, Charleston, 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, 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) <u>Suffocation</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Deceased found in bed and cause of suffocation unknown</u> DUE TO (c) <u>Unknown</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9240</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Charleston, Miss, Mo.</u>			
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? <u>No medical attendance</u>			
22. I hereby certify that I attended the deceased from <u>medical attendance</u>, 19<u>53</u>, that I last saw the deceased alive on <u>3/31/53</u>, and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold Shelby Crooner</u>				23b. ADDRESS <u>3 East Prairie Mo.</u>		23c. DATE SIGNED <u>3-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal & Burial</u>		24b. DATE <u>3/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fisk, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-2-53</u>		REGISTRAR'S SIGNATURE <u>Jean Sanchez</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>The Annellee Funeral Chapel, Charleston, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

672
1

RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed MAY 8 - 1959

MAY 7 REC'D

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____ Signed _____
Student Embalmer

Licensed Embalmer No. 3851

P. O. Address Charleston, 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.

*Not Embalmed
Arterially
Cavity only*