

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23641**

BIRTH NO. _____		REG. DIST. NO. 356	PRIMARY REG. DIST. NO. 6209		Registrar's No. 12
1. PLACE OF DEATH a. COUNTY TEXAS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY TEXAS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Pusey		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL 1070	
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 4 MI. S.E. HOUSTON 0		
3. NAME OF DECEASED (Type or Print) a. (First) HERFRED b. (Middle) CLIMCT c. (Last) MCKINNEY			4. DATE OF DEATH (Month) (Day) (Year) 6 27 1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 29, 1894	9. AGE (In years last birthday) 58	10. IF UNDER 1 YEAR: Days 12 Hours 29 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		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 Parson McKinney		13b. MOTHER'S MAIDEN NAME Elora Carnical		14. NAME OF HUSBAND OR WIFE Mary Etta	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mary Etta McKinney ADDRESS Houston 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis and Hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		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 6-24 , 19 53 , to 6-27 , 19 53 , that I last saw the deceased alive on 6-27 , 19 53 , and that death occurred at 10:19 pm. , from the causes and on the date stated above.					
23a. SIGNATURE Scott Kramer MD (Degree or title)		23b. ADDRESS Houston Mo		23c. DATE SIGNED 6-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-29-53		24c. NAME OF CEMETERY OR CREMATORY Grack	
24d. LOCATION (City, town, or county) (State) Texas Co. Mo					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 30 - 53 M. Craig		25. FUNERAL DIRECTOR'S SIGNATURE 327 - Elliott		ADDRESS Funeral Home Houston	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 10 1953

AUG 20 1953

AUG 20 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

Frank E. Hood

Licensed Embalmer No. *4024*

P. O. Address. *Houston, Tex*

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.