

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 30 1953
BIRTH NO. ... REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 108

402
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GRUNDY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY		
b. CITY (If outside corporate limits, write RURAL and give town) TRENTON		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) TRENTON		D402
d. FULL NAME OF HOSPITAL OR INSTITUTION NEAL NURSING HOME 14th St			d. STREET ADDRESS (If rural, give location) 304 W 13TH		
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL		b. (Middle) WEBSTER	c. (Last) McKINNON	4. DATE OF DEATH (Month) (Day) (Year) JUNE-29-1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-26-1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME JOSIAH McKINNON		13b. MOTHER'S MAIDEN NAME NANCY BOSLEY	14. NAME OF HUSBAND OR WIFE MYRTLE McKINNON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MYRTLE McKINNON TRENTON MO.			
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) Cerebral apoplexy	ANTECEDENT CAUSES		78 hours	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Anterior sclerotic cardiovascular disease			10 years
		DUE TO (c) Old age			
	II. OTHER SIGNIFICANT CONDITIONS	Sewer Hepatitis		2 months	
	Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	4221 C				
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 5-24, 1953, to 6-29, 1953, that I last saw the deceased alive on 6-27, 1953, and that death occurred at 5:30 A. m., from the causes and on the date stated above.					
23a. SIGNATURE C. L. Clark (Degree or title) M.D.			23b. ADDRESS Trenton, MO.		23c. DATE SIGNED 6-30-53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY-1-1953	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM	24d. LOCATION (City, town, or county) (State) Spickard MO		
DATE REC'D BY LOCAL REG. 7-1-53	REGISTRAR'S SIGNATURE Irene Jan 115		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCHOELLER FUNERAL HOME Spickard MO.		

JUL 31 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 Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 9110

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.