

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31445

State File No. ....

FILED OCT 13 1953

BIRTH NO. ....		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 168	
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. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Union</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis</u>				e. STREET ADDRESS (If rural, give location) <u>800 E. Church St., 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Freemont</u> b. (Middle) <u>Jackson</u> c. (Last) <u>McKinney</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>October 4th 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>May 10th 1872</u>	
9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>4</u> DAYS <u>24</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bland Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe worker</u>					
13a. FATHER'S NAME <u>Joseph McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Minerva Carroll</u>		14. NAME OF HUSBAND OR WIFE <u>Thursa McKinney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>415-18-4212</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vernie McKinney</u> ADDRESS <u>Union 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES DUE TO (b) <u>Left Ventricular Decomensation 1 yr</u> DUE TO (c) <u>Advanced Senile Arteriosclerosis 5 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right Ventricular Decomensation 6 mos.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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 <u>1948</u> , to <u>4 Oct</u> , 1953, that I last saw the deceased alive on <u>3 Oct</u> , 1953, and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm K Richardson, M.D.</u>				23b. ADDRESS <u>Union, Missouri</u>		23c. DATE SIGNED <u>5 Oct 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/5/53</u>		REGISTRAR'S SIGNATURE <u>E. F. Altman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Union Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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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.....  
Signature of Student Embalmer

Signed..... *E. H. Ottmann* .....

Licensed Embalmer No. *1686*

P. O. Address *Union, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.