

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32426

FILED OCT 15 1953

State File No. 63

BIRTH NO. _____		REG. DIST. NO. 210		PRIMARY REG. DIST. NO. 4321		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		c. LENGTH OF STAY (in this place) 48 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mercer		0650	
d. FULL NAME OF HOSPITAL OR INSTITUTION Own Home				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Ivan		a. (First)		b. (Middle) Warren		c. (Last) McKinney	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 14, 1905	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Byron McKinney		13b. MOTHER'S MAIDEN NAME Mary Ragan		14. NAME OF HUSBAND OR WIFE Faye McKinney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-12-6777		17. INFORMANT'S SIGNATURE OR NAME Norma Martin ADDRESS Mercer 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) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Myocardial insufficiency II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 min. 20 min. 16 years	
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)			
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 June 10, 1947 , to Sept 30, 1953 , that I last saw the deceased alive on Sept 30, 1953 , and that death occurred at 10:45 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Geo. J. Harrison		(Degree or title)		23b. ADDRESS Box 98 - Mercer, Missouri		23c. DATE SIGNED Oct. 7, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Early Cemetery		24d. LOCATION (City, town, or county) (State) Mercer Mo.	
DATE REC'D BY LOCAL REG. 10-13-53		REGISTRAR'S SIGNATURE Wm. L. Shuler		25. FUNERAL DIRECTOR'S SIGNATURE Wm. L. Shuler		ADDRESS Lineville Iowa	
(Licensed Embalmer's Statement on Reverse Side)							

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

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, only-----

Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed

James L. Grunler

Licensed Embalmer No. 3967

P. O. Address Linville, N.C.

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.