

STANDARD CERTIFICATE OF DEATH

State File No. 44012

FILED DEC 22 1953

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 6055 Registrar's No. 41

0930

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

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Taberville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Taberville	
c. LENGTH OF STAY (in this place) 12 years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

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3. NAME OF DECEASED (Type or Print) a. (First) Icy b. (Middle) Hoover c. (Last) McKinley			4. DATE OF DEATH (Month) (Day) (Year) Dec: 9 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 24, 1870	9. AGE (in years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Clair County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Suggs	13b. MOTHER'S MAIDEN NAME Mary A. Mode	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ethel Whitley, El Dorado Springs Mo.	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		
	DUE TO (c) unknown		
11. OTHER SIGNIFICANT CONDITIONS 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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 334 X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from 12-7, 1953, to 12-7, 1953, that I last saw the deceased alive on 12-7, 1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Richardson M.D.	(Degree or title)	23b. ADDRESS Griffins, Mo.	23c. DATE SIGNED 12-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-13-53	24c. NAME OF CEMETERY OR CREMATORY Pleasant Springs	24d. LOCATION (City, town, or county) (State) El Dorado Springs, Mo.
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DATE REC'D BY LOCAL REG. Dec. 18, 1953	REGISTRAR'S SIGNATURE Cleo Abney	25. FUNERAL DIRECTOR'S SIGNATURE St. Paul's Episcopal Church	ADDRESS
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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
Student Embalmer

Signed J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.