

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1113

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 5521 Registrar's No. _____

530

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY OR TOWN <u>Hermitage</u>		c. CITY OR TOWN <u>Hermitage</u> <u>0430</u>	
c. LENGTH OF STAY (in this place) <u>1 1/2 years</u>		d. STREET ADDRESS (If rural, give location) <u>S. Hermitage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Hermitage</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>S.</u> c. (Last) <u>McKINLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 9-1954</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 4-1862</u>	9. AGE (In years last birthday) <u>91</u> Months <u>6</u> Days <u>5</u> Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmhousekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Green County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James McCarty</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia Rice</u>	14. NAME OF HUSBAND OR WIFE <u>B.F. McKinley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.B. McKinley - Hermitage, Mo</u>	ADDRESS <u>Hermitage, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adv. Arterio-sclerosis</u>		
	DUE TO (c) _____		
II. 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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hermitage Mo</u>
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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? _____
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22. I hereby certify that I attended the deceased from Aug, 1952, to Jan 9, 1954, that I last saw the deceased alive on Jan 8, 1954, and that death occurred at 5:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. M. ... M.D.</u> (Degree or title)	23b. ADDRESS <u>Hermitage Mo</u>	23c. DATE SIGNED <u>1-9-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-11-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermitage, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-9-1954</u>	REGISTRAR'S SIGNATURE <u>Mary Johnson</u> <u>464-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Hathaway</u> ADDRESS <u>Wheatland, Mo</u>
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EXAM 1 3

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 *Chas Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *Wheatland, Md.*

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.