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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1954

State File No. 5531

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 434 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montgomery City Mo 0700
d. STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Pitman c. (Last) Mc Kinney

4. DATE OF DEATH (Month) (Day) (Year): 3-5-1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-12-1882
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Owensville Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Henry ZMc Kinney
13b. MOTHER'S MAIDEN NAME: Sarah Howard
14. NAME OF HUSBAND OR WIFE: Oma Mc Kinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-10-1257
17. INFORMANT'S SIGNATURE OR NAME: Mrs Oma Mc Kinney Montgomery Mo ADDRESS

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	First & Second degree Burns	2-26-54
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral Hemorrhage	2-26-54
DUE TO (c)	Cardio-Renal Disease	7-3-40
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arterio sclerosis	7-3-40

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
Toxic State 3/5/54
20. AUTOPSY? YES ☐ NO ☒

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): 442 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 1940, *to* 3-5, 1954, *that I last saw the deceased alive on* 3-5, 1954, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. T. Andersen M.D.
23b. ADDRESS: Montgomery City Mo
23c. DATE SIGNED: 3/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-54
24c. NAME OF CEMETERY OR CREMATORY: Montgomery City
24d. LOCATION (City, town, or county) (State): Montgomery City Mo

DATE REC'D BY LOCAL REG.: 3/8/54
REGISTRAR'S SIGNATURE: Laura B Callaway 503-1
25. FUNERAL DIRECTOR'S SIGNATURE: Cushopkins ADDRESS: Montgomery City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1954

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~~ XX on the day of March 1954, Student Embalmer No. ..... working under my personal supervision.

C. W. Hopkins

Student ..... Student Embalmer

Signed .....

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.