

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17931**

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5122** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Hallsville		c. CITY OR TOWN Hallsville	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 2 Mi. South W. Hallsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Route #1			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Henry	c. (Last) McKenzie	4. DATE OF DEATH (Month) (Day) (Year) June, 17, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1892	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Boone County Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Allen McKinzie	13b. MOTHER'S MAIDEN NAME Alice McCoy	14. NAME OF HUSBAND OR WIFE Maude Ott McKinzie
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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. ---	17. INFORMANT'S SIGNATURE OR NAME J.D. McKinzie	ADDRESS Hallsville, Route 1
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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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis		years
	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 4201	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)
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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?
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22. I hereby certify that I attended the deceased from **6/17**, 19**54**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Henry Sweet's JMD Coroner	(Degree or title)	23b. ADDRESS Columbia Mo.	23c. DATE SIGNED 6/19/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/21/1954	24c. NAME OF CEMETERY OR CREMATORY Friendship	24d. LOCATION (City, town, or county) (State) Hallsville, Route #1
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DATE REC'D BY LOCAL REG. June 19, 1954	REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	31-2	25. FUNERAL DIRECTOR'S SIGNATURE Ernest J. ...	ADDRESS Memorial Funeral Home, Columbia, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Lyman Spink*.....

Licensed Embalmer No. *4013*

P. O. Address *Columbia*

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.