

FILED AUG 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28578

| | | | | | | | |
|--|---|---|--|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>290</u> | | PRIMARY REG. DIST. NO. <u>5987</u> | | Registrar's No. <u>93</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Union</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>Rural Union</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | f. STREET ADDRESS (If rural, give location) <u>0850</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walter</u> c. (Last) <u>McKinnon</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8 18 1954</u> | | | | |
| 5. SEX <input checked="" type="radio"/> <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>6/18/1883</u> | | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Dennison, Texas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>Elijah McKinnon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Seaton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Letha McKinnon</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u> | | 16. SOCIAL SECURITY NO. <u>500-12-6158</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Walter McKinnon, Dixon, Missouri</u> | | | |
| 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 year</u> | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>177 X</u> | | | |
| 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? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>2-4-1954</u> to <u>8-18-1954</u> , that I last saw the deceased alive on <u>8-10-1954</u> , and that death occurred at <u>8:00A.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>C. Miller, M.D.</u> | | | | 23b. ADDRESS <u>Waynesville Mo.</u> | | 23c. DATE SIGNED <u>8-21-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/22/1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Seaton Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Maries County, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>8-21-54</u> | REGISTRAR'S SIGNATURE <u>Paula Jane Anderson</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u> | | | |

RECEIVED 8-21-54
Pulaski County Health Officer
Date Filed 8-21-54
File Number

SEP 1 1954
SEP 8 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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Maurice E. Schindler*

Licensed Embalmer No. 450

P. O. Address Dixon, Miss

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.