

FILED DEC 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43130**
Registrar's No. **5**

BIRTH NO. _____		REG. DIST. NO. 340		PRIMARY REG. DIST. NO. 6152		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty Twp.		c. LENGTH OF STAY (In this place) 72 yrs		c. CITY OR TOWN Dexter		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Davis Hospital				e. STREET ADDRESS (If rural, give location) 1030 East North Main Street			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Washington		c. (Last) McKinney		4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1954	
5. SEX Male		6. COLOR OR RACE Cauc.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 10, 1882	
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tractor operator		11. BIRTHPLACE (City and State or Foreign Country) Stoddard County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Edith McKinney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-18-3277		17. INFORMANT'S SIGNATURE OR NAME Mrs. Edith McKinney, Dexter, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Ca ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ca of stomach perforated at base 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
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 Dec 3rd, 1954 , to Dec 10, 1954 , that I last saw the deceased alive on Dec 10, 1954 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE S. L. Davis		(Degree or title) 9th St.		23b. ADDRESS Highway 20, Dexter, Mo.		23c. DATE SIGNED 12/14	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/12/54		24c. NAME OF CEMETERY OR CREMATORY Dexter Cemetery		24d. LOCATION (City, town, or county) (State) Dexter, Missouri	
DATE REC'D BY LOCAL REG. 12-15-54		REGISTRAR'S SIGNATURE Velma V. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Watkins & Sons Fun. Ser. ADDRESS Dexter, Mo.			

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

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 Lucille Rainey, Student Embalmer No. 508 working under my personal supervision..

Student Lucille Rainey
Signature of Student Embalmer

Signed J. H. Smith
Licensed Embalmer No. 3471

P. O. Address Phelps, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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