

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1724

State File No.

FILED FEB 8 - 1955

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

| | | | | | | | |
|---|--|--|--|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>201</u> | | PRIMARY REG. DIST. NO. <u>4314</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Macou</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macou</u> | | | |
| b. CITY OR TOWN <u>Atlanta</u> | | c. LENGTH OF STAY (in this place) <u>20 yrs</u> | | c. CITY OR TOWN <u>Atlanta</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0610</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>J</u> b. (Middle) <u>Brown</u> c. (Last) <u>McKenzie</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 - 1955</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u> | | 8. DATE OF BIRTH <u>March 15 1877</u> | |
| 9. AGE (In years last birthday) <u>77</u> | | 10. MONTHS <u>10</u> | | 11. DAYS <u>3</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Macou Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Martin McKenzie</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Carther Hall</u> | | 14. NAME OF HUSBAND OR WIFE <u>Single</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> | | 16. SOCIAL SECURITY NO. <u>490-074126A</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alzada Costy</u> ADDRESS <u>Macou Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ill Health</u> DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u> | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>32 Cal. Revolver to Rt. Temple</u> | | | | | |
| 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 18 1955 A.M.</u> | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, _____, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Lester Sutton, Coroner 3</u> | | | 23b. ADDRESS <u>Macou Mo</u> | | 23c. DATE SIGNED <u>Jan 18, 55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u> | | 24b. DATE <u>Jan 20 1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Atlanta Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Jan 22 1955</u> | | REGISTRAR'S SIGNATURE <u>Mrs O B Griffin</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hambrodding</u> ADDRESS <u>Atlanta Mo</u> | | | |

RECEIVED
MINISTERS HEALTH DEPARTMENT
County File No.
Date Filed

(26)
RECEIVED 1-26-55
MACON COUNTY HEALTH DEPARTMENT
County File No. 2-55-13
Date Filed 2-3-55

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 *H. M. Gooding*

Licensed Embalmer No. 1750

P. O. Address *Atlanta, Ga.*

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.