

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25449**

No. 300
10.48

FILED SEP 8 1955

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **479**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY BUTLER | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POPLAR BLUFF | | c. CITY OR TOWN RURAL ⁰⁹¹⁰ | |
| c. LENGTH OF STAY (In this place) 7 WEEKS | | 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 LUCY LEE HOSPITAL | | e. STREET ADDRESS (If rural, give location) 16 Mi. N.W. of DONIPHAN | |
| 3. NAME OF DECEASED a. (First) DAVID b. (Middle) ALFRED c. (Last) McKINNEY | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 6 - 1955 | |
| 5. SEX MALE | | 6. COLOR OR RACE White | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | | 8. DATE OF BIRTH DEC. 21-1885 | |
| 9. AGE (In years last birthday) 69 | | 10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.) | |
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE | |
| 11. BIRTHPLACE (City and State or Foreign Country) RIPLEY COUNTY - Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME THOMAS McKINNEY | | 13b. MOTHER'S MAIDEN NAME JANE PAYNE | |
| 14. NAME OF HUSBAND OR WIFE NONE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN | | 16. SOCIAL SECURITY NO. UNKNOWN | |
| 17. INFORMANT'S SIGNATURE OR NAME GEORGE A. McKINNEY - DONIPHAN | | ADDRESS | |

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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) Acute pulmonary embolism | | INTERVAL BETWEEN ONSET AND DEATH 15 min. | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar pneumonia | | 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 | | 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) | |
| 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 | |

22. I hereby certify that I attended the deceased from **7-29-55** to **8-6-55**, 19___, that I last saw the deceased alive on **8-6-55**, 19___, and that death occurred at **1:10A** m., from the causes and on the date stated above.

| | | | | | |
|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) J. W. McPheeters, Jr., M.D. | | 23b. ADDRESS Poplar Bluff, 330 No. 2nd - Mo. | | 23c. DATE SIGNED 8-24-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 8-8-55 | | 24c. NAME OF CEMETERY OR CREMATORY MACEDONIA CEM. RIPLEY COUNTY - Mo. | |
| 24d. LOCATION (City, town, or county) (State) | | | | | |

| | | | | | |
|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 8/30/55 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARDS FUNERAL HOME - Mo. DONIPHAN - Mo. | |
|---|--|--|--|---|--|

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

RECEIVED

SEP 6 1955
BUTLER CO. HEALTH CENTER

FILE No. _____

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 Wallace R. Knight

Licensed Embalmer No. 45

P. O. Address 412 6th St
Poplar

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.

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