No. 300
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FILED NOV 15 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34144

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 19

**1. PLACE OF DEATH**
a. COUNTY New Madrid
b. CITY OR TOWN Portageville (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Mo b. COUNTY New Madrid
c. CITY OR TOWN Portageville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 010

**3. NAME OF DECEASED** (Type or Print)
a. (First) Sarah b. (Middle) c. (Last) McKinney

**4. DATE OF DEATH** (Month) (Day) (Year) Nov 2 1955

**5. SEX** Female **6. COLOR OR RACE** Black **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married **8. DATE OF BIRTH** May 1, 1893 **9. AGE** (In years last birthday) 62 IF UNDER 1 YEAR: Months 6, Days 1; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) housf
**10b. KIND OF BUSINESS OR INDUSTRY** ✓
**11. BIRTHPLACE** (City and State or Foreign Country) Mississippi
**12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** Archie Ford
**13b. MOTHER'S MAIDEN NAME** Lettie ?
**14. NAME OF HUSBAND OR WIFE** Dan McKinney

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
**16. SOCIAL SECURITY NO.** ✓
**17. INFORMANT'S SIGNATURE OR NAME** Hattie Gale **ADDRESS** Portageville 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 4201

**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) Portageville (COUNTY) New Madrid (STATE) Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**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* Nov, 1954, *to* Nov, 1955, *that I last saw the deceased alive on* Nov 1, 1955, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

**23a. SIGNATURE** L. B. Painter Jr. (Degree or title) M.D.
**23b. ADDRESS** Portageville Mo
**23c. DATE SIGNED** 11-7-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Nov 6, 1955
**24c. NAME OF CEMETERY OR CREMATORY** Portageville Cem (Cal)
**24d. LOCATION** (City, town, or county) Portageville (State) Mo

**DATE REC'D BY LOCAL REG.** Nov 8, 1955
**REGISTRAR'S SIGNATURE** Ellen Lee Leslie
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** Delisle Funeral Parlor - Portageville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED NOV 14 1955
NEW MADRID CO. HEALTH CENTER

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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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.