

FILED APR 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. 12175

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>6268</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NIANGUA</u>		c. LENGTH OF STAY (In this place) <u>5 YEARS</u>		c. CITY OR TOWN <u>NIANGUA</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NIANGUA STAR ROUTE</u>				e. STREET ADDRESS (If rural, give location) <u>NIANGUA STAR ROUTE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>MCKINNEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 31, 1956</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT 27, 1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>IRONDALE MO.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>IRONDALE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>NATHAN HAYS JORDON</u>		13b. MOTHER'S MAIDEN NAME <u>JANE WILDMAN</u>	
13a. FATHER'S NAME <u>NATHAN HAYS JORDON</u>		13b. MOTHER'S MAIDEN NAME <u>JANE WILDMAN</u>		13c. NAME OF HUSBAND OR WIFE <u>FRANK B. MCKINNEY</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK B. MCKINNEY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM REEVES</u>		ADDRESS <u>NIANGUA 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u> 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 ☐ 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) <u>4201</u>		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		21g. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11-1-55</u> , 19 <u>55</u> , to <u>3-31</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-30</u> , 19 <u>56</u> , and that death occurred at <u>2:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Jed Blum</u>		23b. ADDRESS <u>Manfield, Mo.</u>		23c. DATE SIGNED <u>3-31-56</u>		23d. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>4/1/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BIG RIVER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>IRONDALE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/56</u>		REGISTRAR'S SIGNATURE <u>Jed Blum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BERT L. BOYER</u>		ADDRESS <u>LEADWOOD, MO.</u>	

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 *William E. Bayne*.....

Licensed Embalmer No. *472*.....

P. O. Address *Leedswood*.....

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