

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15302**

FILED APR 30 1956

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6198</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cass</u>		c. LENGTH OF STAY (in this place) <u>9mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		1020		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>7mi South Houston</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENERAL SHERIDAN</u> b. (Middle) <u>McKINNEY</u> c. (Last) <u>McKINNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 29 1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>3-16-1867</u>		
9. AGE (in years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Texas Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Calvin H. McKinney</u>			13b. MOTHER'S MAIDEN NAME <u>Linnie Manley</u>			14. NAME OF HUSBAND OR WIFE		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lester McKinney</u> ADDRESS <u>Houston, 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>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>with Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)		
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 <u>Mar 12</u> , 19 <u>56</u> , to <u>Mar 29</u> , 19 <u>56</u> that I last saw the deceased alive on <u>Mar 26</u> , 19 <u>56</u> and that death occurred at <u>11:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H. L. Hance, D.O.</u> (Degree or title)				23b. ADDRESS <u>Cass, Mo</u>		23c. DATE SIGNED <u>4/5/56</u>		
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-1-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark</u>		24d. LOCATION (City, town, or county) (State) <u>Texas Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>4-25-56</u>		REGISTRAR'S SIGNATURE <u>Raynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Funeral Home</u> ADDRESS <u>Houston, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank E. Hood

Licensed Embalmer No. *4026*

P. O. Address *Houston, 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 this body is not embalmed, fact should be so stated above.