

FILED AUG 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25672

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

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>123</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>MARSHALL</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>Sweet Springs</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>Fitzgibbon's</u>				STREET ADDRESS (If rural, give location) _____				<u>0970</u>	
3. NAME OF DECEASED (Type or Print) <u>Sylvia</u>		a. (First) <u>Sylvia</u>		b. (Middle) <u>PEARL</u>		c. (Last) <u>McKinney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 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>MAY 30, 1880</u>		9. AGE (In last birthday) <u>76</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. 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 <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Milton</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Beals</u>			14. NAME OF HUSBAND OR WIFE <u>Willis 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 AND ADDRESS <u>Ellis B. Biggerstaff, 10601 W. 56 Ave, Shawnee Kansas</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				10 days	
				ANTECEDENT CAUSES (b) <u>Hypertension</u>					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS (c) _____				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"/>	
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>331x</u>					
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 <u>July 18, 1956</u> , to <u>July 28, 1956</u> , that I last saw the deceased alive on <u>July 28, 1956</u> , and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Dress or title) <u>P. L. Lawless M.D.</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>8-2-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 30, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pisgah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saline county, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-6-56</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Edgar L. Moseley Sweet Springs, 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.....

Licensed Embalmer No. 4711

P. O. Address Sweet Springs

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.