

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28040**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY OR TOWN <b>Blackwell</b>	c. LENGTH OF STAY (in this place) <b>42 yrs.</b>	c. CITY OR TOWN <b>Blackwell</b>	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 <b>Missouri</b>		e. STREET ADDRESS (If rural, give location) <b>Missouri</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Samuel</b> b. (Middle) <b>(NMN)</b> c. (Last) <b>McKinstry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 17-1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-2-1884</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Day <b>6</b> Year <b>16</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pinckneyville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Andrew McKinstry</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Baggs</b>	14. NAME OF HUSBAND OR WIFE <b>Flora McKinstry</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank McKinstry, Potosi, Mo.</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>14 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		DUE TO (b) <b>Gen. arterio-sclerosis 22 yrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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 <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	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) m.	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 Sept 1936, to Aug 17, 1956, that I last saw the deceased alive on Aug 17, 1956, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Harold V. McKinstry M.D.</b>	23b. ADDRESS <b>De Soto, Mo.</b>	23c. DATE SIGNED <b>Aug 18, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>
24d. LOCATION (City, town, or county) (State) <b>De Soto, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>Aug 18, 1956</b>	REGISTRAR'S SIGNATURE <b>Esther Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Lee Mothershead, De Soto, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2890

SEP 5 1956

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 *Lee Motherhead*

Licensed Embalmer No. *353*

P. O. Address *Osato*

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.