

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42242**

FILED DEC 17 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5873** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-New Madrid twsp 9yr</b> )		c. LENGTH OF STAY (in this place) <b>9yr</b>	c. CITY OR TOWN <b>Kewanee</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 miles west of Kewanee</b>		e. STREET ADDRESS (If rural, give location) <b>3 miles west kewanee 0720</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>M.</b> c. (Last) <b>McKinney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 5, 1892</b>
9. AGE (In years last birthday) <b>64</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Framer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Morrilton, Ark.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Framer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>William Riley McKinney</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Cato</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth McKinney</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>430-32-0391</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fay Clinkscale-Matthews Route 3</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intracranial hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1-2 hours</b>	
ANTECEDENT CAUSES		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arteriosclerosis</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		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)	
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 <b>July, 1956</b> , to <b>4 Dec, 1956</b> , that I last saw the deceased alive on <b>4 Dec, 1956</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles C. [Signature] MD</b>		23b. ADDRESS <b>New Madrid Mo</b>	23c. DATE SIGNED <b>7 Dec 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec 9, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wardell</b>	24d. LOCATION (City, town, or county) (State) <b>Wardell Mo.</b>
DATE REC'D BY LOCAL REG. <b>12/11/56</b>	REGISTRAR'S SIGNATURE <b>Fay Hedgcock</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ponder Funeral Home-Lilbourn, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED DEC 12 1956  
NEW MADRID CO. HEALTH CENTER  
P. J. L.

1956  
MAY 2

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 David D. Ponder..... Student Embalmer No. 53 working under my personal supervision..

Student David D. Ponder  
Signature of Student Embalmer

Signed Homer L. Ponder.....

Licensed Embalmer No. 336.....

P. O. Address Lilbourn.....

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.