. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

FILED MAY 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14199
STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 54

54

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Louisiana — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pike Co. Hospital — Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Louisiana — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 119 Walnut — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Samuel Middle: Roland Last: McKinzie

4. DATE OF DEATH Month: April Day: 28 Year: 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: June 25, 1884
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Nursery
11. BIRTHPLACE (City and state or country): Boone Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George McKinzie
14. MOTHER'S MAIDEN NAME: Sarah Newberry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 468-14-1721
17. INFORMANT: Mrs Cora McKinzie, Address: Louisiana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of lung - metastatic — INTERVAL BETWEEN ONSET AND DEATH: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma bulbar — 6+ mo
DUE TO (c) diaphragm (abd.) not definitely localized
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1991
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1952 to 4/28/57 and last saw her/him alive on 4/27/57
Death occurred at 9:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Chas H Lemellen (Degree or title) M.D.
22b. ADDRESS Louisiana, Mo.
22c. DATE SIGNED 4-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/30/1957
23c. NAME OF CEMETERY OR CREMATORY River View Cem,
23d. LOCATION (City, town, or county) Louisiana (State) Mo

24. FUNERAL DIRECTOR George O. Wagner
ADDRESS Louisiana, Mo.
25. DATE REC'D BY LOCAL REG. April 30, 1957
26. REGISTRAR'S SIGNATURE Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 25 1962

MAR 18 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, M

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