

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1957

16327

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 343

|   |                                  |   |   |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>Butler</b>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Poplar Bluff, Mo.</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                  | c. CITY OR TOWN <b>Poplar Bluff</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>813 North D St.</b><br>Length of stay in 1b   |                                  | d. STREET ADDRESS <b>813 North D St.</b> (If outside give location)<br>Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Alonzo</b> Middle <b>McKinney</b> Last <b>McKinney</b>  |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>28</b> Year <b>1957</b>                             |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>July 27, 1870</b>  |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Carpenter</b>  |                                  | 9b. KIND OF BUSINESS OR INDUSTRY  | 9c. AGE (In years last birthday)<br><b>86</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Carpenter</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 10c. AGE (In years last birthday)<br><b>86</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Ind.</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>   |   |
| 13. FATHER'S NAME<br><b>William McKinney</b>  |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Nancy Randolph</b>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.   |   |
| 17. INFORMANT<br><b>Mrs. A. McKinney, Poplar Bluff, Mo.</b>   |                                  | Address   |   |
| 18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardiac Decompensation</b><br>DUE TO (b) <b>Hypertensive Heart Disease</b><br>DUE TO (c) <b>443x</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Small Edema - Retention of Urine -</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour <b>11</b> Month <b>June</b> Day <b>5</b> Year <b>1957</b><br>a. m. <b>p. m.</b>   |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 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 <b>15 June 57</b> to <b>28 June 57</b> and last saw him alive on <b>27 June 57</b> .<br>Death occurred at <b>3:35 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |
| 22a. SIGNATURE<br><b>W. B. Brashers</b> (Degree or title)   |                                  | 22b. ADDRESS<br><b>321 Oak Poplar Bluff Mo</b>  |   |
| 22c. DATE SIGNED<br><b>30 June 57</b>   |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>4-30-57</b>   |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Duley Cem.</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>Butler County, Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Frank-Cotrell Poplar Bluff, Mo.</b>  |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>5/13/57</b>  |   |
| 26. REGISTRAR'S SIGNATURE<br><b>B. H. Minette</b>   |                                  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.

RECEIVED

MAY 20 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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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 *Charles E. Mungle*

Licensed Embalmer No. *487*

P. O. Address *W. Flor. Bluff*

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.