

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 021659

State File No. ....

No. 300  
10.48

FILED JUL 1 1957

BIRTH NO. ....		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u> Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Penn.</u> b. COUNTY <u>          </u>		
b. CITY OR TOWN <u>Edina</u>		c. LENGTH OF STAY (if this place township) <u>42 Mo.</u>	c. CITY OR TOWN <u>Ellwood City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>			e. STREET ADDRESS <u>8370</u> (If rural, give location) <u>8</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u>		b. (Middle) <u>B.</u>	c. (Last) <u>McKinley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 1, 1882</u>		9. AGE (In years) (Last birthday) <u>75</u> 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) <u>doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>doctor</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Scotland County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Wm. Perry</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Browning</u>	14. NAME OF HUSBAND OR WIFE <u>David McKinley</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth Bradley Loring, Mo.</u> ADDRESS <u>          </u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis and Terminal Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Thrombotic Encephalomalacia</u> DUE TO (b) <u>Cerebral Hemorrhage</u>			
		DUE TO (c) <u>Advanced Arteriosclerosis</u>			
		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			20. AUTOPSY <u>2</u> 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 <u>Feb.</u> , 19 <u>57</u> , to <u>June 21</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>June 21</u> , 19 <u>57</u> , and that death occurred at <u>8:15 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. H. Gibson D.D.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Edina, Mo.</u>		23c. DATE SIGNED <u>June 26, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 23, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McAdow Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Scotland County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 28</u>		REGISTRAR'S SIGNATURE <u>Nelle S. Dunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Bassett Memphis, Mo.</u> ADDRESS <u>          </u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Albert C Girth*.....

Licensed Embalmer No. *425*.....

P. O. Address *Mumukshu*.....

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.