

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

278856

STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. **80** Primary Registration District No. **5306** Registrar's No. **17**

6-25-57
6-4-57
17

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Jefferson City (Johnson, Mo.) No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			c. CITY OR TOWN Jefferson City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
R1 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Five miles west Jefferson City			Length of stay in 1b 25 years		d. STREET ADDRESS Five miles West Jefferson City, Mo Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle BENJAMIN Last MCKINZIE			4. DATE OF DEATH August 19th '57 Month August Day 19th Year '57		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Febr 26th 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR IF UNDER 24 HRS. Month 5 Day 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Cole County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lee McKinzie			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Henry L. McKinzie Centertown, Missouri Address 		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AURICULAR FIBRILLATION DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200					INTERVAL BETWEEN ONSET AND DEATH 10min 2mo. 2yr
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 Hour Month, Day, Year a. m. p. m. 					
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 Dec 3, 1956 to Aug 17, 1957 and last saw her/him alive on Aug 17, 1957 . Death occurred at 2:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE William H. Lass D.O. (Degree or title)			22b. ADDRESS 500 Lafayette Jefferson City, Mo.		22c. DATE SIGNED Aug 21, 1957
23a. BURIAL, CREMATION, or other disposal Burial		23b. DATE August 22nd '57	23c. NAME OF CEMETERY OR CREMATOR Longview Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Missouri (State)
24. FUNERAL DIRECTOR Tanner Funeral Home ADDRESS Jefferson City, Mo.			25. DATE RECD. BY LOCAL REG. Sept. 5'	26. REGISTRAR'S SIGNATURE Minnie Hittmeyer	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Donald P. Freeman
Licensed Embalmer No. 4

P. O. Address Jefferson C.
Missouri

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