

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **27931**

FILED AUG 30 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 4179 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Senath</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Senath</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <b>0350</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Fredrick Douglas</b>		b. (Middle)		c. (Last) <b>McKinney</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 16 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Oct. 8, 1894</b>	
9. AGE (In years last birthday) <b>63</b>		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) <b>Retired</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Ind.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>				13a. FATHER'S NAME <b>James McKinney</b>		13b. MOTHER'S MAIDEN NAME <b>Mary McKinney</b>	
14. NAME OF HUSBAND OR WIFE <b>Durcilla McKinney</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>Yes WWI</b>			
16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Durcilla McKinney Senath, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Quinton Tarver</b> (Degree or title) <b>3</b> <b>Quinton Tarver M. D. Coroner</b>				23b. ADDRESS <b>Kennett, Mo.</b>		23c. DATE SIGNED <b>7-19-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/19/57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>		24d. LOCATION (City, town, or county) (State) <b>Kennett, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-21-57</b>		REGISTRAR'S SIGNATURE <b>Mr. J. A. Laniel</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McDaniel Funeral Service, Senath, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 8-27-57  
COUNTY FILE NUMBER 857

AUG 30 1957

OCT 17 1957

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 *Edwin L. ...*

Licensed Embalmer No. 488

P. O. Address *Senath...*

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.