Health, & Welfare Public Service

FILED NOV 6 1957

STANDARD CERTIFICATE OF DEATH

36692
STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Mississippi	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston — Inside Limits Yes X No ☐	c. CITY OR TOWN Rt. # 2 East Prairie, Mo. — Inside Limits Yes ☐ No X
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Court House — Length of stay in 1b	d. STREET ADDRESS 4 Miles East East Prairie, Mo. (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print)	First: Kelty	Middle: Bert	Last: Mc Kenzie	4. DATE OF DEATH	Month: Oct Day: 28 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Aug 17, 1924	9. AGE (In years last birthday): 33	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): Mechanic	10b. KIND OF BUSINESS OR INDUSTRY: Tractor Co	11. BIRTHPLACE (City and state or country): Phillipy Co. Tenn	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: W. A. Mc Kenzie	14. MOTHER'S MAIDEN NAME: JoEllen Mc Kenzie				
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.	17. INFORMANT: W. A. McKenzie	Address: Edinburg, Illinois		

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) Natural Causes — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7954

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

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 After death as Coroner to ____ and last saw her/him alive on ____
Death occurred at 6:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Elgin McMikle Coroner 3	22b. ADDRESS: Charleston, Missouri	22c. DATE SIGNED: 10/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10/30/57	23c. NAME OF CEMETERY OR CREMATORY: Oak Grove
23d. LOCATION (City, town, or county) (State): Charleston, Missouri.		
24. FUNERAL DIRECTOR: Mc Mikle — ADDRESS: Charleston, Missouri	25. DATE RECD. BY LOCAL REG.: 11-1-57	26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(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

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RECEIVED
Miss. Co. Health Dept
County File No._____
Date Filed 11-4-57

DEC 11 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Elgin Gerpkle.....

Licensed Embalmer No. 469-

P. O. Address Charlestown

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