

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013860

STATE FILE NUMBER

FILED APR 28 1958

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

421

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Springfield</u> TOWN <u>Springfield</u>		c. CITY (If outside, give location) OR <u>Houston</u> TOWN <u>Houston</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>Burge</u>		d. STREET ADDRESS (If outside, give location) <u>D.O.A.</u>	
3. NAME OF DECEASED (Type or print) First <u>Carl</u> Middle <u>McKinney</u> Last <u>McKinney</u>		4. DATE OF DEATH Month <u>April</u> , Day <u>19</u> , Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 6, 1899</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Furniture Mfg.</u>		11. BIRTHPLACE (City and state or country) <u>Solo, Missouri</u>	
13a. FATHER'S NAME <u>James T. McKinney</u>		14. NAME OF HUSBAND OR WIFE <u>Edith</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Carl McKinney (Son) Houston, Missouri</u>		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) <u>PROBABLE INTERNAL HEAD AND CHEST INJURIES</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>20B.</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>2.</u>	
20a. ACCIDENT <input checked="" 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.) <u>TWO CAR ACCIDENT NEAR WEST PLAINS, MISSOURI.</u>	
20c. TIME OF INJURY Hour <u>9:30</u> a.m. Month <u>APRIL</u> , Day <u>19</u> , Year <u>1958</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIWAY ACCIDENT</u>	
20e. CITY, TOWN, OR LOCATION <u>4 MILES N. OF WEST PLAINS, HOWELL, MISSOURI</u>		20f. COUNTY <u>Howell</u> STATE <u>MISSOURI</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at <u>APRIL 1:00 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ralph H. Plummer</u> (Degree or title) <u>Coroner</u>		22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>23 April 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>April 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>
24. FUNERAL DIRECTOR <u>Jewell E. Windle - Spfg., Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-24-58</u>	
26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Robert E. Muhleman

Licensed Embalmer No. *4916*

P. O. Address *Springfield*

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.