

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026517
STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 278 Primary Registration District No. 305x Registrar's No. 105

21
5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LOUISIANA</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LOUISIANA</u> <u>0821</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1810 S. CAROLINA ST.</u>		Length of stay in lb <u>40 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>22 1/2 SOUTH 5TH ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARK</u> <u>McKENNEY</u>			4. DATE OF DEATH Month Day Year <u>JUNE 20, 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>MARCH 4, 1894</u>	9. AGE (In years last birthday) <u>64</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>GAS REPAIRMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MISSOURI EDISON CO. OKLA.</u>		11. BIRTHPLACE (City and state or country) <u>1 U.S.</u>	
13a. FATHER'S NAME <u>JOHN F. McKINNEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FRANCES BARNES</u>		14. NAME OF HUSBAND OR WIFE <u>MABLE Mc KINNEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>490-05-3936</u>	17. INFORMANT Address <u>MRS. MARK Mc KINNEY - LOUISIANA, MO.</u>		
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>Pulmonary Embolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Hypertensive Cardio vascular disease</u>		<u>1 yr</u>	
		DUE TO (c) <u>Pyelonephritis.</u>		<u>6000 1 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -----				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE 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 <u>1/18/55</u> to <u>5/30/58</u> and last saw ^{her} alive on <u>5/6/58</u> Death occurred at <u>4:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Chas H. Lewellen M.D.</u>			22b. ADDRESS <u>Louisiana, Missouri</u>		22c. DATE SIGNED <u>7/1/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>7/4/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>
24. FUNERAL DIRECTOR <u>STERNE FUNERAL HOME</u>		ADDRESS <u>MISSOURI</u>	25. DATE RECD. BY LOCAL REG. <u>JULY 7 - 1958</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Collier</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
All diseases in Part I must be causally related.

SEP 17 1958

JAN 26 1959

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 *Virginia Stern Esterbrook*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, Mo*

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.