

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033798
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 282 Primary Registration District No. 5971 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY POLK		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY POLK	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOLIVAR		c. CITY OR TOWN ALDRICH	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANTVIEW REST HOME		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE THOMAS McKINNEY		4. DATE OF DEATH Month Day Year OCT 7-1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG 10-1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		9b. AGE (In years last birthday) 85	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) WALNUT GROVE - MO	
13a. FATHER'S NAME JAMES KELLEY McKINNEY		13b. MOTHER'S MAIDEN NAME ELVIRA TOWLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT PAUL McKINNEY - MORRISVILLE MO.		14. NAME OF HUSBAND OR WIFE CORA ELLEN McKINNEY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute heart failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic myocarditis DUE TO (c) 4222			INTERVAL BETWEEN ONSET AND DEATH 1 day
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <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 ALDRICH - MISSOURI		20g. COUNTY STATE	
21. I attended the deceased from OCT 7 1918 to OCT 7 1958 and last saw her alive on OCT 7 1958 Death occurred at 3:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. C. McLean		22b. ADDRESS 10111 1/2	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT 11-1958	
23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE CEMETERY		23d. LOCATION (City, town, or county) (State) ALDRICH - MISSOURI	
24. FUNERAL DIRECTOR BRIM - DANIEL - WALNUT GROVE - MO		25. DATE RECD. BY LOCAL REG. OCT 11, 1958	
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon			

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
Signature of Licensed Embalmer

Licensed Embalmer No. 7302

P. O. Address
P. O. Box 1000

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.