

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047296

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6152 Registrar's No. 9

FILED JAN 28 1959

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter-Liberty Twp</u>		c. CITY OR TOWN <u>Daniphan</u>	
c. FULL NAME OF (If NOT in hospital, give location)/ HOSPITAL OR INSTITUTION <u>Green Meadows Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>RR # 2</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EMMA R. Mc Kinney</u>		4. DATE OF DEATH Month Day Year <u>Dec, 11, 1958</u>	
5. SEX <u>Female</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>JAN. 1, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Ripley County, Mo</u>
13a. FATHER'S NAME <u>Dan Odem</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>George A. 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>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT Address <u>George A. Mc Kinney, Daniphan 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>Malnutrition & dehydration</u> DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</u> 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>3-4 years</u>
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 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 COUNTY STATE	
21. I attended the deceased from <u>12/1/58</u> to <u>12/13/58</u> and last saw her alive on <u>12/13/58</u> Death occurred at <u>7:45 AM</u> on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) <u>David V. Neuler M.D.</u>		22b. ADDRESS <u>215 Oak St, Poplar Bluff</u>	
		22c. DATE SIGNED <u>1/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-21-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Macedonia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Edwards Funeral Home Daniphan, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-59</u>	
26. REGISTRAR'S SIGNATURE <u>Delma V. Jenkins</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Any answers in Part I must be causally related.

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 *Thomas M. Emmons*

Licensed Embalmer No. *5064*

P. O. Address *Danvers*

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.