

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020186
STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 117

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 71 by-way & Atlantic		Length of stay in lb 10 Yrs.	d. STREET ADDRESS (If outside, give location) 114 S. Lynn		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Maurice Middle Dale Last McKenzie			4. DATE OF DEATH Month 5 Day 19 Year 59		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-10-35	9. AGE (In years last birthday) 23	10. FUNDING YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Contracting		11. BIRTHPLACE (City and state or country) Providence, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Maurice E. McKenzie		13b. MOTHER'S MAIDEN NAME Vera Scott	
14. NAME OF HUSBAND OR WIFE Perrine C. McKenzie		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 492-34-3538	
17. INFORMANT Mrs Perrine McKenzie		Address Nevada, Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture neck Cruished chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH Instant
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) One car accident, Auto went out of control	
20c. TIME OF INJURY 10:50 p.m.		Month, Day, Year 5/19/59 at high speed landing in culbert. 108			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 highway		20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Mo.	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard L. Shorten</i> (Degree or title) Coroner 3			22b. ADDRESS Nevada		22c. DATE SIGNED 5/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/22/59	23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		23d. LOCATION (City, town, or county) (State) Nevada, Mo.
24. FUNERAL DIRECTOR Richard L. Shorten		ADDRESS Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 5-23-1959	26. REGISTRAR'S SIGNATURE <i>Anna & Jerry</i>

MAY 24 1959

MAY 28 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 *Lloyd C. McLeod*

Licensed Embalmer No. *4853*

P. O. Address *7 Nevada 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.