

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022205

FILED JUN 23 1959 Registration District No. 217 Primary Registration District No. 3045 STATE FILE NUMBER 54 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston, Mo.				Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Charleston, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home				Length of stay in 1b 27 Yrs		d. STREET ADDRESS (If outside, give location) 103 Depot St.,	
3. NAME OF DECEASED (Type or print) First Charles Middle Ben Last Mc Kinney				4. DATE OF DEATH Month June Day 11 Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH Feb. 28, 1886	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stave mill worker		10b. KIND OF BUSINESS OR INDUSTRY Stave Mill		11. BIRTHPLACE (City and state or country) Scott County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nellie Mc Kinney	
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. 493-03-5948		17. INFORMANT Emory Mc Kinney, Charleston, 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) Cardiac Decomensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ac. Coronary Occlusion DUE TO (c) A-S. Heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. Nephritis						INTERVAL BETWEEN ONSET AND DEATH 1 da 1 da	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			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 ☐ NOT WHILE AT WORK ☐		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 Oct 1958 to 6/11/59 and last saw him alive on 6/11/59 Death occurred at 12:15 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. Charles Fleming M.D.				22b. ADDRESS Charleston, Missouri		22c. DATE SIGNED 6-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 13, 1959		23c. NAME OF CEMETERY OR CREMATORY Oak Grove		23d. LOCATION (City, town, or county) (State) Charleston, Mo.	
24. FUNERAL DIRECTOR Mc Mickle Charleston, Missouri				25. DATE RECD. BY LOCAL REG. 6-19-59		26. REGISTRAR'S SIGNATURE Soraty B. Hathorn	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

County File No. _____
Date Filed 6-22-59

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 _____

Licensed Embalmer No. 4695

P. O. Address Chattanooga

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.