

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029791

STATE FILE NUMBER

FILED VS SEP 3 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 258

INDEXED

1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>RALLS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>HANNIBAL</u>		Length of stay in lb <u>DOA</u>		c. CITY OR TOWN <u>SAVERTON</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSP</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <u>BERTHA ELLEN MCKINNEY</u>				4. DATE OF DEATH Month Day Year <u>8-19-1959</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>7-28-1897</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHAMBERBERG, ILL. U.S.</u>		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>GEO. DOUGLAS</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA CLEAR</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MCKINNEY</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>489-42-1683</u>		17. INFORMANT Address <u>LORRAINE ROBB - SAVERTON - 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>accidental drowning</u> due to probable and questionable CVA DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>acute</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>walking along boat in river fell into 18-24 inches of water</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>12:30 PM</u>		Month, Day, Year <u>8-19-59</u>					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>river (Mississippi)</u>		20f. CITY, TOWN, OR LOCATION <u>Saverton</u>		COUNTY <u>Ralls</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>8-1-59</u> to <u>8-19-59</u> and last saw her/him alive on <u>8-18-59</u> Death occurred at <u>12:45 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>F. E. Ductzman M.D. F.A.C.S.</u>		22b. ADDRESS <u>115 N. 5th St. Hannibal, Mo.</u>			22c. DATE SIGNED <u>8-24-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-23-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARBEL CREEK CEM.</u>		23d. LOCATION (City, town, or county) <u>HANNIBAL, MO</u>		(State)	
24. FUNERAL DIRECTOR <u>CLARK FUNERAL HOME - HANNIBAL, MO</u>		ADDRESS <u>8-25-59</u>		25. DATE RECD. BY LOCAL REG. <u>8-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By Wechsler</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Lamar

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.