

FEDERAL BUREAU OF INVESTIGATION  
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034950

FILED VS. OCT 13 1959 56

Primary Registration District No. 4521 Registrar's No. 82

STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>TEXAS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>TEXAS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HOUSTON</b>		c. CITY OR TOWN <b>HOUSTON MO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>- GRAND</b>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ADA MCKINNEY</b>		4. DATE OF DEATH Month Day Year <b>SEPT 27 1959</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>WHT</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/10/1894</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <b>10 17</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>	
11. BIRTHPLACE (City and state or country) <b>SALE MO</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>HENRY HARMON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY BLANKENSHIP</b>	
14. NAME OF HUSBAND OR WIFE <b>JAMES MCKINNEY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>HOUSTON</b> <b>ELIZABETH CORBETT MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arterio-sclerosis</b> DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>? 10 years</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <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 <b>June 28, 1958</b> to <b>Sept 9, 1959</b> and last saw her alive on <b>Sept 9, 1959</b> Death occurred at <b>3:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Paul H. Beckman M.D.</b>	
22b. ADDRESS <b>Houston, Missouri</b>		22c. DATE SIGNED <b>10-5-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>9/29/59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>OZARK</b>		23d. LOCATION (City, town, or county) (State) <b>APPROX. 5 1/2 MI S.E. HOUSTON MO</b>	
24. FUNERAL DIRECTOR <b>L. J. Evans Houston, MO</b>		25. DATE RECD. BY LOCAL REG. <b>10-8-59</b>	
26. REGISTRAR'S SIGNATURE <b>Myrtle Craig</b>			

(Licensed Embalmer's Statement on Reverse Side)

**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

*Levell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address

*Mtn. Gro*

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.