

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 12 1959

59-036616

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 514

MAILED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u> c. CITY OR TOWN <u>Hallowell</u> d. STREET ADDRESS (If outside, give location) <u>2001</u>							
3. NAME OF DECEASED First <u>Dorothy</u> Middle <u>Edna</u> Last <u>McKinney</u>				4. DATE OF DEATH Month <u>October</u> Day <u>27</u> Year <u>1959</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>7-27-1929</u>		9. AGE (last birthday) <u>30</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Carthage, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Orville Box</u>				13b. MOTHER'S MAIDEN NAME <u>Dollie Sturgeon</u>				14. NAME OF HUSBAND OR WIFE <u>Robert E. 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.		17. INFORMANT <u>Robert E. McKinney, Hallowell, Ks.</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>Circulatory Failure</u> DUE TO (b) <u>Decompensated Hypertensive Heart Disease</u> DUE TO (c) <u>Chronic Glomerulonephritis of Unknown Cause</u>								INTERVAL BETWEEN ONSET AND DEATH <u>30 Min.</u> <u>16 Days</u> <u>Unknown</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>								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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour <u>10-12-59</u> Month <u>10-27-59</u> Day <u>10-27-59</u> Year <u>10-27-59</u> a.m. p.m.		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 <u>10-12-59</u> to <u>10-27-59</u> and last saw her <u>alive on</u> <u>10-27-59</u> Death occurred at <u>12:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>J. E. Stephens M.D.</u>						22b. ADDRESS <u>211 West 20th St., Joplin, Missouri.</u>		22c. DATE SIGNED <u>10-29-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 29, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Altamont</u>		23d. LOCATION (City, town, or county) (State) <u>Altamont Kansas</u>					
24. FUNERAL DIRECTOR <u>E.J. Jorden</u>				25. DATE RECD. BY LOCAL REG. <u>11-3-1959</u>		26. REGISTRAR'S SIGNATURE <u>Novie Merriam</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 me

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Roy L. Dorfelt

Licensed Embalmer No. 4945

P. O. Address Galena, Ill.

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.