

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036826

FILED VS OCT 19 1959 184

STATE FILE NUMBER

Registration District No. Primary Registration District No. 5692 Registrar's No. 107

ENDED

1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Parson Creek TOWN Linn County- Highway #36				Length of stay in lb		c. CITY OR TOWN Kansas City, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐	
3. NAME OF DECEASED (Type or print) First Beatrice Middle May Last Mc Kinney				4. DATE OF DEATH Month Oct. Day 14, Year 1959			
5. SEX Female		6. COLOR OR RACE White		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 5-27-15	
9. AGE (last birthday) 44		IF UNDER 1 YEAR Months 4 Days 17		IF UNDER 24 HR Hours 17 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Texas	
12. CITIZEN OF WHAT COUNTRY U. S.							
13a. FATHER'S NAME Fisher				13b. MOTHER'S MAIDEN NAME Millie Haymes			
14. NAME OF HUSBAND OR WIFE Wm. D. Mc Kinney							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 498-30-2296		17. INFORMANT William D. Mc Kinney, Husband 3137 Beacon St., K.C. 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) Broken neck & Crushed chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. ☐ 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.)			
20c. TIME OF INJURY Hour 12:05 a.m. p.m.		Month, Day, Year					
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.) Highway 36 west of		20f. CITY, TOWN, OR LOCATION Madville		COUNTY Linn STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____. Death occurred at approx 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE James B. McCelland (Degree or title) Coroner				22b. ADDRESS Brookfield Mo		22c. DATE SIGNED OCT 14/1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 18, 1959		23c. NAME OF CEMETERY OR CREMATORY Old Camp Ground		23d. LOCATION (City, town, or county) (State) Bethesda, Arkansas	
24. BUNSLING DIRECTOR Brothers Funeral Home Laclede, Missouri				25. DATE RECD. BY LOCAL REG. 10-16-59		26. REGISTRAR'S SIGNATURE Katharine Johnson <i>Dep</i>	

(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 Blake Gliddin

Licensed Embalmer No. 501

P. O. Address Lakeland

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.