

MURKIN DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040998

FILED VS DEC 7 1959

STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 63

MAILED

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Princeton</u>		Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Princeton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>300 So. College Ave.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>300 So. College Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Everett</u> Middle <u>E.</u> Last <u>McKinney</u>				4. DATE OF DEATH Month <u>II</u> Day <u>24</u> Year <u>59</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-22-1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u>		IF UNDER 24 HR Hours <u>3</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain & Stock</u>		11. BIRTHPLACE (City and state or country) <u>Mercer County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Bryan H. McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ragan</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Edna (Deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>496-34-2562</u>		17. INFORMANT <u>Marvin McKinney--Princeton--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>Acute Coronary Embolism</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1mm.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						<u>9 years</u>	
DUE TO (c) <u>Arteriosclerotic heart disease</u>						<u>9 years</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 w/o there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 1b.)			
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>						
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 <u></u>	STATE <u></u>
21. I attended the deceased from <u>1950</u> to <u>Oct. 28, 1959</u> and last saw him alive on <u>10-28-59</u> Death occurred at <u>between 10 and 1200 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Of decedent or wife) <u>Raymond L. Pearce, Do.</u>				22b. ADDRESS <u>Princeton, Mo.</u>		22c. DATE SIGNED <u>11-27-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>II-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Mercer County--Missouri</u>			
24. FUNERAL DIRECTOR <u>Martin--Azbell Funeral Home--Princeton--Mo.</u>		ADDRESS <u></u>		25. DATE RECD. BY LOCAL REG. <u>11-27-59</u>		26. REGISTRAR'S SIGNATURE <u>Raymond L. Pearce</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

Lyman E. Aibel

Licensed Embalmer No. 5020

P. O. Address Princeton--Mo.

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.