

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001342

FILED VS JAN 12 1960

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 5562 Registrar's No. 3

NDED

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo		b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 40 Years		Length of stay in 1b 40 Years		c. CITY OR TOWN 6 Miles S. Arcadia, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural.	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Blanche O McKenzie			4. DATE OF DEATH Month Day Year I 5 60			
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/98	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeping		10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Shoals Indiana, US.A.		
12. CITIZEN OF WHAT COUNTRY US.A.		13a. FATHER'S NAME John Young		13b. MOTHER'S MAIDEN NAME Naomia Phillips		
14. NAME OF HUSBAND OR WIFE John McKenzie (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		
17. INFORMANT Mack McKinzie Imperial, Mo		Address				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH day
DUE TO (b) Coronary Heart Disease		??
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal virus infection		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 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 12-18-59	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 12-22-59	COUNTY	STATE

21. I attended the deceased from **12-18-59** to **12-22-59** and last saw her/him alive on **12-22-59**
Death occurred at **10:00 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R.E. Harland m.d.</i> (Degree or title)	22b. ADDRESS Ironton, Missouri	22c. DATE SIGNED 1/7/60
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE I/8/60	23c. NAME OF CEMETERY OR CREMATORY Iron Mountain Cemetery
23d. LOCATION (City, town, or county) Iron Mountain Mo		

24. FUNERAL DIRECTOR C.A. Howell	ADDRESS Ironton, Mo.	25. DATE RECD. BY LOCAL REG. I/8/60	26. REGISTRAR'S SIGNATURE <i>Ma Avis Jones</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 26 1961

OCT 28 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~_____~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. B. Hawell

Licensed Embalmer No. 367

P. O. Address Wilton

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.