

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

-60-006896

FILED VS. MAR 8 1960

155

Primary Registration District No.

5579

Registrar's No.

36

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City MINERAL Twp		c. CITY OR TOWN Anderson	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMHURST REST HOME		d. STREET ADDRESS (If outside, give location) Anderson	
3. NAME OF DECEASED (Type or print) First Middle Last ETHEL MARBINE MCKINNEY		4. DATE OF DEATH Month Day Year 2-11-1960	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-18-1900
9. AGE (last birthday) 60		10. IF UNDER 1 YEAR Months Days Hours Min. 0 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY JAME	
11. BIRTHPLACE (City and state or country) Anderson, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME FRANK KINCANNON		13b. MOTHER'S MAIDEN NAME HENA OYER	
14. NAME OF HUSBAND OR WIFE ARTHUR MCKINNEY		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. 34322 0805		17. INFORMANT ARTHUR MCKINNEY ANDERSON	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the rectum. 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 14 months	
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 12-26-54 to 2-11-60 and last saw her alive on 2-8-60 Death occurred at 6:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. S. D. Taylor, Jr., M.D.	
22b. ADDRESS 410 Jackson, Joplin, Mo.		22c. DATE SIGNED 2-23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 2-14-1960	
23c. NAME OF CEMETERY OR CREMATORY ANDERSON CEM		23d. LOCATION (City, town, or county) (State) Anderson Mo.	
24. FUNERAL DIRECTOR Humphrey & Son 2 Home		25. DATE RECD. BY LOCAL REG. 2-29-60	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		27. (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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Princeton

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.