

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015897

FILED VS APR 26 1960

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 77

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper	a. STATE Missouri COUNTY Barton		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City	Length of stay in 1b	c. CITY OR TOWN Golden City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hosp.	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED			4. DATE OF DEATH	
First ALTA	Middle MAUDE	Last MCKINNEY	Month April	Day 19 Year 1960
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 12/1/1876	9. AGE (last birthday) 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife & Antique & Beauty Shop		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Linn, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Thomas Lambeth		13b. MOTHER'S MAIDEN NAME Amelia Jane Huckstep		14. NAME OF HUSBAND OR WIFE Ellis E. 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.	17. INFORMANT Address E.E. Lambeth, Golden City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Mechanical Trauma</u>			<u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypostates Pneumonia</u>		<u>3 days</u>
	DUE TO (c) <u>Haemorrhage due to Cancer of Bladder</u>		<u>2 weeks</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 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	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>April 9, 1960</u> to <u>April 19, 1960</u> and last saw her alive on <u>April 18, 1960</u> Death occurred at <u>12:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <u>Sidney Lawson D.D.</u>		22b. ADDRESS <u>Joplin Mo</u>		22c. DATE SIGNED <u>4-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Apr. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Avilla Cemetery	23d. LOCATION (City, town, or county) Jasper Co., Mo.	
24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home, Golden City, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-60	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS AUG 24 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 _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Lowell Bugh

Licensed Embalmer No. 4951

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.