

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018692

FILED VS JUN 6 1960

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 34

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SUMNER</u>		Length of stay in 1b	c. CITY OR TOWN <u>SUMNER</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		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William McKee</u>			4. DATE OF DEATH Month Day Year <u>MAY 27 - 1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/29/1884</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	IF UNDER 24 HR Hours <u>28</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>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>SUMNER MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>William McKee</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Edna McKee</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Edna McKee SUMNER 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>Cerebral vascular accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) <u>Cerebral aneurysm</u>	
	DUE TO (c) <u>Generalized arteriosclerosis</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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) <u>-</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year <u>5/27/60</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.) <u>-</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>SUMNER MO</u>

21. I attended the deceased from 5/27/60 to 5/27/60 and last saw her alive on 5/27/60.
Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

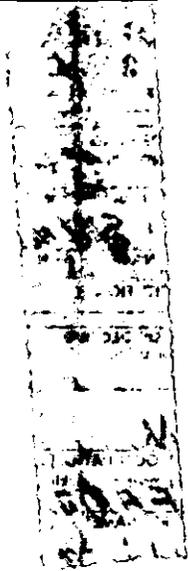
22a. SIGNATURE (Degree or title) <u>K. W. Bernard mo</u>	22b. ADDRESS <u>Bruffield mo.</u>	22c. DATE SIGNED (State) <u>5/28/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5/30/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>lakeside</u>	23d. LOCATION (City, town, or county) <u>SUMNER MO</u>
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24. FUNERAL DIRECTOR <u>S. A. LEIPARD Mendon MO</u>	25. DATE RECD. BY LOCAL REG. <u>5/30/60</u>	26. REGISTRAR'S SIGNATURE <u>Louie Smith</u>
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BY AFFIDAVIT OF

Dr R. W. Bohnsack M.D.



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 A. L. Ripard

Licensed Embalmer No. 3970

P. O. Address Mendon MA

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.

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