

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041560

FILED VS. NOV 28 1960

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 253

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 1 hour		c. CITY OR TOWN St. Clair		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.			Inside Limits Yes <input checked="" 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 Vickie Middle McKinney Last McKinney				4. DATE OF DEATH Month Nov. Day 17 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sep. 11, 1960	9. AGE (last birthday)	IF UNDER 1 YEAR Months 2 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Otto McKinney			13b. MOTHER'S MAIDEN NAME Roberta Drennen		14. NAME OF HUSBAND OR WIFE		
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 Otto McKinney St. Clair, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) B. LATERAL LOBAR PNEUMONIA (FULMINANT)						INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 NOV-17-60 to DEATH SAME DAY and last saw her alive on NOV 17 - 60 Death occurred at 130 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John Howard, MD</i> (Degree or title)				22b. ADDRESS St. Clair, Mo		22c. DATE SIGNED 11-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Virginia Mines		23d. LOCATION (City, town, or county) St. Clair, Mo.		(State)
24. FUNERAL DIRECTOR Casey Lenox St. Clair, Mo.				25. DATE RECD. BY LOCAL REG. 11/21/60		26. REGISTRAR'S SIGNATURE <i>F.P. Dickmann</i>	

(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 H. M. Leroy, Jr.

Licensed Embalmer No. 5090

P. O. Address H. Cla

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.