

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044530

FILED VS. NOV 28 1960

317

Primary Registration District No. 541

Registrar's No. 3296

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b		c. CITY OR TOWN Pine Lawn		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis County			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6216 Greyling Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Clifford Owen McKinnis				First Hospital Middle Middle Last Last		4. DATE OF DEATH Month 11 Day 9 Year 1960		
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/9/90		
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Man			10b. KIND OF BUSINESS OR INDUSTRY Sloan Moving		11. BIRTHPLACE (City and state or country) Thekamah, Nebr.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William McKinnis			13b. MOTHER'S MAIDEN NAME Dorothy Valder			14. NAME OF HUSBAND OR WIFE Elsie McKinnis		
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. 489-03-3150		17. INFORMANT Address Elsie McKinnis, 6212 Greyling			
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 Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 1 day	
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 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 July 1, 1960 to Nov. 9, 1960 and last saw him alive on Nov. 5th 1960 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE J.B. Havan M.D. (Degree or title)				22b. ADDRESS 539 N. Grand Bl. St. Louis		22c. DATE SIGNED 11/10/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/12/60		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery St. Louis County Mo.		23d. LOCATION (City, town, or county) (State)		
24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.				25. DATE RECD. BY LOCAL REG. 11-10-60		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Humboldt Bldg.
Je 1-1255
Hrs. 2 PM

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 Warren A. Carver

Licensed Embalmer No. 353

P. O. Address _____

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.