

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045544

FILED VS JAN 6 1961

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Primary Registration District No. 5306 Registrar's No. 1

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elston</u>		Length of stay in lb <u>lifetime</u>		c. CITY OR TOWN <u>Elston</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 <u>General Delivery</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>General Delivery</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>LEE</u> Last <u>MCKINNEY</u>				4. DATE OF DEATH Month <u>December</u> Day <u>25th</u> Year <u>1960</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/16/80</u>		9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmistress (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Postal</u>		11. BIRTHPLACE (City and state or country) <u>Cole County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>Isiah Steely</u>				13b. MOTHER'S MAIDEN NAME <u>Phebe Medlock</u>				14. NAME OF HUSBAND OR WIFE <u>Wm McKinney, Deceased</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 Address <u>Mrs Ollie Wade, Elston, Missouri</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>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>malnutrition</u>										INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Elston</u>		COUNTY <u>Missouri</u>		STATE			
21. I attended the deceased from <u>Nov 10/60</u> to <u>Dec 25/60</u> and last saw her alive on <u>Dec 25/60</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>Heaven A Taylor - M.D.</u>				22b. ADDRESS <u>Jefferson City, Mo</u>				22c. DATE SIGNED <u>12-20-60</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 28th 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>		23d. LOCATION (City, town, or county) <u>Elston, Missouri</u>		(State)			
24. FUNERAL DIRECTOR ADDRESS <u>Tanner Service, Jefferson City, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 30</u>		26. REGISTRAR'S SIGNATURE <u>Minnie Hittmeyer</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Taylor, M. D.

FEB 16 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 Donald R. Freeman

Licensed Embalmer No. 462

P. O. Address Freemans

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