

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048120

FILED VS JAN 5 1961 317

Registration District No. _____ Primary Registration District No. 544 Registrar's No. 3656

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 15 hrs	c. CITY OR TOWN Kirkwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1128 Ruth Dr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First HOWARD Middle TURNER Last MC MACKINS			4. DATE OF DEATH Month Day Year Dec. 17, 1960			
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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 8-7-1913	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self Employed	10b. KIND OF BUSINESS OR INDUSTRY Kirkwood Tile Co.	11. BIRTHPLACE (City and state or country) Vale, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Hubert McMackins	13b. MOTHER'S MAIDEN NAME Eula Turner	14. NAME OF HUSBAND OR WIFE Arlene F. McMackins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-II	16. SOCIAL SECURITY NO. VV-11	17. INFORMANT Kirkwood 22 Address Missouri Arlene McMackins 1128 Ruth Dr.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, massive, posterior		INTERVAL BETWEEN ONSET AND DEATH Ars. or fluids ? 2 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Occlusive arteriosclerosis of posterior circumflex artery	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary fibrosis, RML + LUL; Bronchoscopy day of death	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 checked="" 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.)
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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
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21. I attended the deceased from 1958 to 17 Dec. 1960 and last saw her alive on 17 Dec. 1960 Death occurred at 1:45 p.m. on the date stated above to the best of my knowledge from the causes stated. John Johnstone, Jr., M.D.

22a. SIGNATURE John Johnstone, Jr., M.D.	22b. ADDRESS 206 West Argonne Kirkwood 22, Mo.	22c. DATE SIGNED 19 Dec. '60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-20-1960	23c. NAME OF CEMETERY OR CREMATORY National Cem- J.B.	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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24. FUNERAL DIRECTOR Pfitzinger Mort. Kirkwood 22-Mo.	25. DATE RECD. BY LOCAL REG. 12-19-60	26. REGISTRAR'S SIGNATURE John Johnstone, Jr., M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 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 Don E. Johnson

Licensed Embalmer No. 436

P. O. Address St. Louis, Mo.

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.