

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002051

STATE FILE NUMBER

AMENDED Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 10

FILED VS FEB 15 1961

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lafayette</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Waverly</b>		Length of stay in lb <b>2 days</b>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kelling Clinic HOSPITAL</b>			d. STREET ADDRESS (If outside, give location) <b>2 Miles S.E. of Waverly</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle <b>ELIZABETH</b> Last <b>McKIM</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>5</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/9/1878</b>	9. AGE (last birthday) <b>82</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jasper Bruce Tryon</b>		13b. MOTHER'S MAIDEN NAME <b>Clementine ?</b>		14. NAME OF HUSBAND OR WIFE <b>Harry McKim</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No [unknown]) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Harry McKim, Waverly, Mo.</b>			
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>CORONARY OCCLUSION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 MINS.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CARDIO VASCULAR DISEASE WITH DECOMPENSATION AND PULMONARY EDEMA</b> DUE TO (c) <b>ARTERIOSCLEROSIS GENERALIZED.</b>					<b>14 YRS.</b> <b>PLUS</b>	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____						
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 <b>1946 PLUS</b> to <b>2/5/61</b> and last saw <b>per xxx</b> alive on <b>2/5/61</b> Death occurred at <b>12:35 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Jordan Kelling M.D.</i> (Degree or title)			22b. ADDRESS <b>WAVERLY, MISSOURI</b>		22c. DATE SIGNED <b>2/6 61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/7/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WAVERLY Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>WAVERLY, Mo.</b>		
24. FUNERAL DIRECTOR <b>Gibson Funeral Home, Waverly, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Feb - 7 - 1961</b>		26. REGISTRAR'S SIGNATURE <i>Lutie Gordon Jordan</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.