

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008110

Dr. Loyd

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3016

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STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 4 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE TO BE RETURNED TO THE OFFICE OF RECORDS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
Length of stay in 1b 69yrs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If outside, give location) 712 Monroe Street	
3. NAME OF DECEASED (Type or print) First Herman Middle None Last McKinney		4. DATE OF DEATH Month March Day 25 Year 1961	
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 Sept-19-91
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 69 Days	IF UNDER 24 HR Hours 69 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restarant Owner		10b. KIND OF BUSINESS OR INDUSTRY Food Business	11. BIRTHPLACE (City and state or country) Centertown, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME John W. McKinney	
13b. MOTHER'S MAIDEN NAME Cyanthia Chambers		14. NAME OF HUSBAND OR WIFE Amelia McKinney	
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 Amelia McKinney, Jefferson City, 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) acute pulmonary embolism		INTERVAL BETWEEN ONSET AND DEATH 2-3 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) arteriosclerotic heart disease		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 2-12-61 to 3-25-61 and last saw ^{her} him alive on 3-25-61 Death occurred at 11:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) E. L. Loyd, M.D.		22b. ADDRESS Jeff City Mo	22c. DATE SIGNED 3-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar-28-1961	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
24. FUNERAL DIRECTOR Thorpe J Gordon, Jefferson City, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 30 March 1961	26. REGISTRAR'S SIGNATURE R. L. Harris, M.D. - Richter Dep.

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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 Bill McLaughlin Student Embalmer No. 620

working under my personal supervision.

Student Bill McLaughlin
Signature of Student Embalmer

Signed Rayford Jordan

Licensed Embalmer No. 1786

P. O. Address Jeff. City, 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.