

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023855

AMENDED

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 224 STATE FILE NUMBER

FILED AUG 14 1961

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKSVILLE</u>	Length of stay in lb <u>1 da</u>	c. CITY OR TOWN <u>BROOKFIELD</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.O.A.</u>		d. STREET ADDRESS (If outside, give location) <u>ROUTE # 2</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>L. MCKINNEY</u> Last <u>MCKINNEY</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>10</u> Year <u>1961</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-1895</u>	9. AGE (last birthday) <u>66</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>25</u> IF UNDER 24 HR: Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u>		11. BIRTHPLACE (City and state or country) <u>NEW BOSTON, MO</u>		
13a. FATHER'S NAME <u>James Owen McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Love</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy McKinney</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.		17. INFORMANT <u>HOSPITAL RECORD</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
IMMEDIATE CAUSE (a)	<u>Myocardial infarction</u>	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Arteriosclerotic coronary arteries</u>	
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)	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 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 <u></u> Month, Day, Year <u></u>		

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 <u>Brookfield</u>	COUNTY <u>Linn</u>	STATE <u>MO</u>
21. I attended the deceased from <u>Aug 9, 1961</u> to <u>Aug 10, 1961</u> and last saw him alive on <u>Aug 9, 1961</u> Death occurred at <u>8:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22. SIGNATURE (Degree or title) <u>M.T. Peterson D.O.</u>		22b. ADDRESS <u>Brookfield, Mo</u>		22c. DATE SIGNED <u>8-10-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>8-12-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW BOSTON, CEM</u>	23d. LOCATION (City, town, or county) (State) <u>NEW BOSTON, MO</u>	
24. FUNERAL DIRECTOR <u>Larson Funeral Service, Bucklin, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 10, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. T. GUTENSOHN, D.D.

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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.