

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-012086

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236

Primary Registration District No. 5879

Registrar's No. 5

FILED APR 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

10760  
20760

3  
4 0  
5 1  
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7 0  
8 2  
94201  
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1290-2  
131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Osage</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHAMOIS, MO., R # 1</b>		Length of stay in 1b <b>20 years</b>	c. CITY OR TOWN <b>Chamois, Mo.</b>		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>AT HIS RESIDENCE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R # 1</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ROBERT RAYMOND MCKINNEY</b>			4. DATE OF DEATH Month <b>March</b> Day <b>28th</b> , Year <b>1962</b>		
5. SEX <b>MALE</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>4-21-1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR   IF UNDER 24 HR Months <b>11</b> Days <b>7</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (City and state or country) <b>Belle, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry McKinney</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Mahan</b>		14. NAME OF HUSBAND OR WIFE <b>Josie A. Thoms</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Mrs. Josie A. McKinney, Chamois, Mo.</b>		
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
IMMEDIATE CAUSE (a) <b>Coronary Thrombosis &amp; Embolism</b>					<b>5 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary arterio-sclerosis with Angina pectoris.</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	
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 <b></b> a.m. <b></b> p.m. <b></b> Month, Day, Year <b></b>					
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>9-4-57</b> to <b>3-28-62</b> and last saw him alive on <b>2-28-62</b> . Death occurred at <b>2:00</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>F. B. Farnsworth D.O.</b>			22b. ADDRESS <b>Chamois Mo.</b>		22c. DATE SIGNED <b>3-30-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar 31st, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	23d. LOCATION (City, town, or county) <b>Belle, Mo.</b>		(State)
24. FUNERAL DIRECTOR <b>Morton Funeral Service, Inc. Linn, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>March 30, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Josephine Schieder</b>	

APR 8 1962

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 Thomas M. Morton

Licensed Embalmer No. 4125

P. O. Address Levin 7th

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.