

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-045900

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. **4051**

Registrar's No. **727**

FILED JAN 2 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hallsville		Length of stay in lb 5 Mo.	c. CITY OR TOWN Wayland
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hartley Nursing Home		Inside Limits Yes ☐ No ☐	d. STREET ADDRESS (If outside, give location) -----
3. NAME OF DECEASED (Type or print) First George Middle Pendleton Last McKinney		4. DATE OF DEATH Month December Day 24 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 6-3-1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (last birthday) 99
13a. FATHER'S NAME George McKinney		13b. MOTHER'S MAIDEN NAME Mary Ellen Martin	
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. None	
17. INFORMANT Mrs. Hazel Barkley, Wayland, Mo.		14. NAME OF HUSBAND OR WIFE Emma Everman	
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 decompensation DUE TO (b) Emaciation; malnutrition DUE TO (c) Senile debility PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile debility			INTERVAL BETWEEN ONSET AND DEATH 2 months months
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20c. TIME OF INJURY Hour 10:45 a.m. p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Oct. 22, 1962		COUNTY Clark Co., Missouri STATE Missouri	
27. I attended the deceased from Oct. 22, 1962 to Dec. 15, 1962 and last saw her alive on Dec. 15, 1962 Death occurred at 10:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter H. Parks</i> (Degree or title) D.O.		22b. ADDRESS 311 Christian College Ave Columbia, Missouri	
22c. DATE SIGNED 12-24-62		22d. LOCATION (City, town, or county) (State) Clark Co., Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 27, 1962	
23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Clark Co., Missouri	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. Dec 26, 1962	
26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>			

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 Harold Sparks, Student Embalmer No. 688
working under my personal supervision.

Student Harold A. Sparks
Signature of Student Embalmer

Signed

J. W. Phillips
Licensed Embalmer No. 4897

P. O. Address

Columbus, 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.