MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-000154

STATE FILE NUMBER

Registration District No. *75*   Primary Registration District No. *3004*   Registrar's No. *8*

FILED JAN 2 8 1963

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

DATE AMENDED

ITEM NO.		
1	0061	
2	1080	
3		
4	1	
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7	1	
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9	332X	
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12	1 - 0	
13	2 - 0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY *Barton*

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN *Lamar*   Length of stay in 1b *1 week*

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) *Memorial Hospital*   Inside Limits Yes □ No □ X

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE *Mo*   b. COUNTY *Vernon*

c. CITY OR TOWN *Sheldon*   Inside Limits Yes □ No ☒

d. STREET ADDRESS (If outside, give location) *Drywood Township*   Reside on Farm Yes ☒ No □

3. NAME OF DECEASED (Type or print)
First *Florence*   Middle *Margarette*   Last *McKinney*

4. DATE OF DEATH Month *1* Day *19* Year *63* *19 63*

5. SEX *Female*   **6. COLOR OR RACE** *White*   **7.** Married ☒ Never Married □ Widowed □ Divorced □   **8. DATE OF BIRTH** *10/19/1900*   **9. AGE (last birthday)** *62*   IF UNDER 1 YEAR Months Days   IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Housewife*   **10b. KIND OF BUSINESS OR INDUSTRY** *Own Home*   **11. BIRTHPLACE** (City and state or country) *Weir, Kans*   **12. CITIZEN OF WHAT COUNTRY** *US*

13a. FATHER'S NAME *George Rogers*   **13b. MOTHER'S MAIDEN NAME** *Etta Rogers*   **14. NAME OF HUSBAND OR WIFE** *Richard McKinney*   Address

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** *Richard McKinney, Sheldon, 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) *Cerebral Thrombosis*   INTERVAL BETWEEN ONSET AND DEATH *4 wks.*

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)

PART III. If deceased was female was there a pregnancy in last 90 days
□ Yes ☐ No □ Unknown

19. WAS AUTOPSY PERFORMED? YES □ NO ☒

20a. ACCIDENT □ SUICIDE □ HOMICIDE □

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 □ 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   COUNTY   STATE

21. I attended the deceased from *1-12-1963* to *1-19-63* and last saw her alive on *1-19-63* *6:00 PM*

Death occurred at *11:15* P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Edmond Guldner, M.D.* (Degree or title) *E. Guldner M.D.*   **22b. ADDRESS** *1103 Broadway, Lamar, Mo.*   **22c. DATE SIGNED** *1-21-63* (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*   **23b. DATE** *1/23/63*   **23c. NAME OF CEMETERY OR CREMATORY** *Worsley*   **23d. LOCATION** (City, town, or county) *Bronaugh   Mo*

24. FUNERAL DIRECTOR ADDRESS *Beeny Funeral Home Sheldon Mo*   **25. DATE RECD. BY LOCAL REG.** *1-26-1963*   **26. REGISTRAR'S SIGNATURE** *Marie Kennedy*

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed _L_ _Gerald_ _Beeny_

<p style="text-align:center;">Signature of Student Embalmer</p>

Licensed Embalmer No. 4203

P. O. Address _Sheldon 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.