

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011086

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Campbell Rural Union Twp.		Length of stay in 1b 13 yrs.	c. CITY OR TOWN Campbell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) RFD #2
3. NAME OF DECEASED (Type or print) CHARLES FRANKLIN MCKINNEY		4. DATE OF DEATH Month March Day 13 Year 1963	
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-19-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Conductor		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) St. Joe, Arkansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Jacob McKinney		13b. MOTHER'S MAIDEN NAME Mattie Tyson	
14. NAME OF HUSBAND OR WIFE Rose Ann 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. 702-18-3898		17. INFORMANT Rose Ann McKinney Address Campbell, Missouri	
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 edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute left Ventricular failure DUE TO (c) Acute Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 min 10 min 10 min	
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 1 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 Clarkton COUNTY Missouri STATE	
21. I attended the deceased from 13 Mar 63 to 13 Mar 63 and last saw her live on 13 Mar 63 Death occurred at 2:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wm E. Merriam, MD (Degree or title)		22b. ADDRESS Malden Mo	
22c. DATE SIGNED 14 Mar 63		22d. LOCATION (City, town, or county) (State) Clarkton Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Gilead Cemetery	
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 3/16/63	
26. REGISTRAR'S SIGNATURE Mrs. Paula Campbell			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

APR 10 1963

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 Richard V. Beall

Licensed Embalmer No. 5116

P. O. Address Walden, 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.