

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048677

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 4310

Registrar's No. 187

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bevier

Length of stay in 1b
11 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION LaSalle Rest-Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Macon

c. CITY OR TOWN La Plata

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
ASA OSCAR McKINNEY

4. DATE OF DEATH
Month Day Year
December 16, 1963

5. SEX
M

6. COLOR OR RACE
W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
2/2/79

9. AGE (last birthday)
84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
New Boston, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

C.E. McKinney

13b. MOTHER'S MAIDEN NAME

Maggie Deedle

14. NAME OF HUSBAND OR WIFE

Dasiey B. 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.
491-14-3399A

17. INFORMANT Address
C.E. McKinney, Cuba, 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) Congestive circulatory failure

INTERVAL BETWEEN ONSET AND DEATH
36 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Thrombotic encephalomalacia and prolonged recumbency 7 days

DUE TO (c) Arteriosclerosis years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary insufficiency, inguinal hernia

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 1-20-63 to 12-16-63 and last saw him alive on 12-15-63
Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bevier, Mo.

22c. DATE SIGNED
12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
12/18/63

23c. NAME OF CEMETERY OR CREMATORY
La Plata Cemetery

23d. LOCATION (City, town, or county) (State)
La Plata, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wilson Funeral Home, La Plata, Mo.

25. DATE RECD. BY LOCAL REG.

12/18/63

26. REGISTRAR'S SIGNATURE

Ruth McNeely

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 Harmon M. Wilson

Licensed Embalmer No. H 701

P. O. Address La Plata 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.