

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44405

FILED MAR 29 1955

State File No. ....

|  |                           |   |                           |   |                           |   |   |
|--|---------------------------|---|---------------------------|---|---------------------------|---|---|
| BIRTH NO. ....   |                           | REG. DIST. NO. <u>210</u>   |                           | PRIMARY REG. DIST. NO. <u>4321</u>  |                           | Registrar's No. <u>22</u>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>MERCER</u>   |                           |   |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MERCER</u> |                           |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MERCER</u>   |                           | c. LENGTH OF STAY (in this place) <u>life</u>   |                           | c. CITY OR TOWN <u>MERCER</u>   |                           | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>  |                           |   |                           | STREET ADDRESS (If rural, give location) <u>0650</u>  |                           |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CARL</u>  |                           |   | b. (Middle) <u>MORRIS</u> |   | c. (Last) <u>McKINNEY</u> |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 17 1954</u> |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>   |                           | 8. DATE OF BIRTH <u>Nov 18-1880</u>   |                           | 9. AGE (In years last birthday) <u>73</u>   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Surveyor</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |                           | 11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Mercer Co Missouri</u>   |                           | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>Byron McKinney</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>MARY S RAGAN</u>   |                           | 14. NAME OF HUSBAND OR WIFE <u>ANNIE Elsey</u>  |                           |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                           | 16. SOCIAL SECURITY NO. <u>none</u>   |                           | 17. INFORMANT'S SIGNATURE OR NAME <u>Clara McKinney</u> ADDRESS <u>Missouri</u>   |                           |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Thrombosis</u><br>DUE TO (c) <u>Hypertensive Cardiovascular Disease</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                           |   |                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hrs.</u><br><u>2 days</u><br><u>years</u>  |   |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>   |                           |   |                           | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                           |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 21f. HOW DID INJURY OCCUR?  |                           |   |   |
| 22. I hereby certify that I attended the deceased from <u>January 1949</u> , to <u>July 17, 1954</u> that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>7:15 P. m.</u> , from the causes and on the date stated above. |                           |   |                           |   |                           |   |   |
| 23a. SIGNATURE <u>Des. J. Lawerson</u> (Degree or title)   |                           |   |                           | 23b. ADDRESS <u>Box 98-Mercer Missouri</u>  |                           | 23c. DATE SIGNED <u>3-22-55</u>   |   |
| 24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>July 19, 1954</u>  |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Middlepoint Cemetery</u>  |                           | 24d. LOCATION (City, town, or county) (State) <u>Mercer County Mo.</u>  |   |
| DATE REC'D BY LOCAL REG. <u>3-24-55</u>  |                           | REGISTRAR'S SIGNATURE <u>Thel</u>   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James Hunter</u>  |                           | ADDRESS <u>Lineville Iowa.</u>  |   |

(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, ~~only~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed

*James L. Greenlee*

Licensed Embalmer No. *396*

P. O. Address

*Louisville*

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.