

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 5 1957

25417
STATE FILE NUMBER

Registration District No. 210 Primary Registration District No. 4321 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mercer		c. CITY OR TOWN Princeton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION *****		d. STREET ADDRESS S. College Ave.	
3. NAME OF DECEASED (Type or print) Clara Edna McKinney		4. DATE OF DEATH Month July Day 20 Year 1957	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 26-1892
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	
11. BIRTHPLACE (City and state or country) Mercer County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Melton		14. MOTHER'S MAIDEN NAME Anna Mosher	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-26-2305	
17. INFORMANT Ferril McKinney		Address Princeton, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Coronary Insufficiency PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH 10 minutes 1 hour 4 weeks	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 8:10 Month July Day 20 Year 1957 a. m. A. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Princeton		STATE Missouri	
21. I attended the deceased from July 20, 1957 to July 20, 1957 and last saw her alive on July 20			
Death occurred at 8:10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Geo Dawson (Degree or title)		22b. ADDRESS Box 98, Mercer, Missouri	
22c. DATE SIGNED 7-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-57	
23c. NAME OF CEMETERY OR CREMATORY Pleasant-Ridge		23d. LOCATION (City, town, or county) (State) Mercer-County- Mo.	
24. FUNERAL DIRECTOR'S ADDRESS Martin Funeral Home		25. DATE RECD. BY LOCAL REG. 7-22-57	
26. REGISTRAR'S SIGNATURE Grace M. Martin			

APR 30 1958

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. Shauls

Licensed Embalmer No. 396

P. O. Address *Lincoln*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.