

FILED SEP 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27440
Registrar's No. 135

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 5577		Registrar's No. 135		
1. PLACE OF DEATH a. COUNTY JASPER 0470 b. CITY (If outside corporate limits, write RURAL and give township) K. OPOLIS Rural Jasper Mo c. LENGTH OF STAY (In this place) 10e d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OPOLIS 0470 d. STREET ADDRESS (If rural, give location) IVONE 0				
3. NAME OF DECEASED a. (First) LIBBIE b. (Middle) BELLE c. (Last) MCKINNIS.			4. DATE OF DEATH (Month) (Day) (Year) AUGUST, 29, 1951					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL-24-1884		
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) 0 EVERTON, MISSOURI		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) 0 EVERTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME O. H. SCOTT			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE LEWIS E. MCKINNIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LEWIS E. MCKINNIS, OPOLIS, MO.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tetanus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 2 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe decubitus on left heel							2 months.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION 061X					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) m.		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 August 28, 1951, to August 29, 1951, that I last saw the deceased alive on August 29, 1951, and that death occurred at 1:30A m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title) D. O.				23b. ADDRESS Asbury, Missouri		23c. DATE SIGNED August 29, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG-31-51		24c. NAME OF CEMETERY OR CREMATORY CROCKER CEMETERY		24d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS. R.F.D		
DATE REC'D BY LOCAL REG. Aug 29-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS Pittsburg		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-5-51
Jasper County Health Office

County File Number 51/8/697
Date Filed 9-5-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... ROBERT A. YANCEY *Robert A Yancey*

Licensed Embalmer No. 3452

P. O. Address PITTSBURG, KANSAS.

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 this body is not embalmed, fact should be so stated above.