

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18275**  
**4674**  
Registrar's No.

FILED JUN 6 1952

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>ST. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Baudleph Caino</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		b. COUNTY <b>Caino</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>RFD2 Caino 0884</b>			
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		a. (First) <b>M.</b>		b. (Middle) <b>C.</b>		c. (Last) <b>MC KINNEY</b>	
4. DATE OF DEATH <b>MAY 15, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Aug. 11 1903</b>		9. AGE (In years last birthday) <b>48</b>		10. MONTHS <b>10</b>		11. DAYS <b>10</b>	
12. HOURS <b>10</b>		13. MIN. <b>10</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Milan MO.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John William Hollon</b>		13b. MOTHER'S MAIDEN NAME <b>Jane Lawrence</b>		14. NAME OF HUSBAND OR WIFE <b>Fenyle Mc Kinney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Temple Mc Kinney</b> ADDRESS <b>Cairo Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>EMPHYEMA, RIGHT CHEST CAVITY</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>34 YEARS</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>518X</b>					
22. I hereby certify that I attended the deceased from <b>MAY 13, 1952</b> , to <b>MAY 15, 1952</b> , that I last saw the deceased alive on <b>MAY 15, 1952</b> , and that death occurred at <b>9:10 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>John W. Berry</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>600 S. KINGSHIGHWAY</b>		23c. DATE SIGNED <b>MAY 5 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-17-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Moberly, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 20 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D., R.P.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Snow F. M. Moberly, Mo.</b> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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 .....  
Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.