

FILED JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19697

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 224

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALINE</u>		c. LENGTH OF STAY (in this place) <u>65 YRS</u>	c. CITY OR TOWN <u>OLEAN</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2mi-E-OLEAN</u>		e. STREET ADDRESS (If rural, give location) <u>2mi-E-OLEAN 0660</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELLEN</u>	b. (Middle) <u>Stevens-</u>	c. (Last) <u>McKinney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-6-1954</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>16 APRIL 1860</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-wite</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AT-Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>COLE-CO-MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Louis Sholton-Stevens</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth-MORROW</u>	14. NAME OF HUSBAND OR WIFE <u>James-Thomas-McKinney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wade Exloe</u>	ADDRESS <u>OLEAN-MO</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Endarterio-(Arteriosclerotic)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u> <u>14 day</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Langrene left entire leg.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from 5-30-, 1954, to 6-6-, 1954, that I last saw the deceased alive on 5-21, 1954, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>M. E. Humphrey</u>	23b. ADDRESS <u>D. O. Tusculumia, Mo.</u>	23c. DATE SIGNED <u>6-7-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8 June 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ALLEN-</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER-CO-MO</u>
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DATE REC'D BY LOCAL REG. <u>June 8, 1954</u>	REGISTRAR'S SIGNATURE <u>Alveretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>	ADDRESS <u>ELDON MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2500000

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STATEMENT

STATEMENT

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 *Keith M. Keys*

Licensed Embalmer No. 3990

P. O. Address *Eldon*

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.