

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

28701

State File No.

No. 300

10-48

FILED SEP 9 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 5703 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Livingston</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Medicine Twp.</u> c. LENGTH OF STAY (in this place) <u>72 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.W. of Wheeling, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> c. CITY OR TOWN <u>Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> STREET ADDRESS (If rural, give location) <u>6 Mi. N.W. of Wheeling, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Francis</u> c. (Last) <u>McKenzie</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 26, 1985</u>
9. AGE (In years last birthday) <u>72</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Alexander McKenzie</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Quinn</u>	
14. NAME OF HUSBAND OR WIFE <u>XX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>XX</u>	
16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. William McKenzie, Wheeling, Mo.</u>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES <u>Arterio Sclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>446x</u>	
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?	
22. I hereby certify that I attended the deceased from <u>Aug 15, 1957</u>, to <u>Aug 24, 1957</u>, that I last saw the deceased alive on <u>Aug 24, 1957</u>, and that death occurred at <u>1:55P. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) <u>Francis M.D.</u>		23b. ADDRESS <u>Livingston Mo</u>	
23c. DATE SIGNED <u>8/28/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>Aug. 28, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leopolis cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Livingston Co., MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ronald Gordon-Multicaster</u>	
DATE REC'D BY LOCAL REG. <u>8/26/57</u>		REGISTRAR'S SIGNATURE <u>Francis</u>	
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Russell Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chittenden*

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.