

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024438
STATE FILE NUMBER

FILED JUN 18 1958 Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mtn. Grove		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mtn. Grove 11A10
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 208 E. 5th
3. NAME OF DECEASED (Type or print) First Middle Last Maude ELVIRA McKinley			4. DATE OF DEATH Month Day Year June 11 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 63
13a. FATHER'S NAME John Armstrong		13b. MOTHER'S MAIDEN NAME Fannie Richardson	14. NAME OF HUSBAND OR WIFE Daniel S. McKinley
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Daniel S. McKinley Mtn. Grove 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 Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension, Arteriosclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH Not known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from May to 1956 and last saw her alive on June 11 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Mountain View Mo	22c. DATE SIGNED 6-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE June 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Ball Cemetery	23d. LOCATION (City, town, or county) (State) DORA Mo.
24. FUNERAL DIRECTOR ADDRESS GRABLE WINDLE Mtn. Grove Mo		25. DATE RECD. BY LOCAL REG. 6-13-1958	26. REGISTRAR'S SIGNATURE Bernice L. Silverman

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date Filed

City

RECEIVED
WRIGHT CO. HEALTH DEPT.
6-16-58
County File Number
6-16-58
Date Filed

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 *James Henry*

Licensed Embalmer No. *4718*

P. O. Address *Cabot, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.