

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045199

STATE FILE NUMBER

FILED JAN 15 1959

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 4

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville		c. CITY OR TOWN Dixon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Length of stay in lb 19 days	
3. NAME OF DECEASED (Type or print) First Alex Middle _____ Last McKinnon		4. DATE OF DEATH Month 12 Day 30 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/26/1863
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming--Retired		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Pulaski County, Missouri
13a. FATHER'S NAME John McKinnon		13b. MOTHER'S MAIDEN NAME Julia Null	14. NAME OF HUSBAND OR WIFE Anna McKinnon
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 Mr. Paris McKinnon, Dixon, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Sinility DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH
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 12-7-58 to 12-30-58 and last saw her alive on 12-30-58 Death occurred at 6:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R.D. Allett DO		22b. ADDRESS Waynesville Mo	
		22c. DATE SIGNED 12-30-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/1/1959	
23c. NAME OF CEMETERY OR CREMATORY Seaton Cemetery		23d. LOCATION (City, town, or county) (State) Maries County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Gilbert Funeral Home, Inc., Dixon, Mo.		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE 1-1-1959 <i>Eula Mae Anderson</i>	

REC 13 1958

Polaski	Missouri	Polaski	General Hospital
X	Dixon	X	19 days
1958	McKinnon	Alex	
12 30	1958\1883	X	White
	Polaski County, Missouri, U. S. A.	Farm	Farming--Retired
	Anna McKinnon	Julia Hill	John McKinnon
	Mr. Paris McKinnon, Dixon, Missouri	None	No

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 *Maurice E. Schierbaum*

.A Licensee No. *4505*
P. O. Address *Dixon, 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.