

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012610

STATE FILE NUMBER

FILED MAY 6 1959 Registration District No. 387 Primary Registration District No. 5208 Registrar's No. 8

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-57

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hurricane Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Hale</u> 0170 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hale</u>		Length of stay in lb <u>1 week</u>	d. STREET ADDRESS (If outside, give location) <u>Hurricane Township</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mae Elizabeth McKinney</u>			4. DATE OF DEATH Month Day Year <u>April 28, 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 3, 1901</u>
9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. Last birthday) Months Days Hours Min. <u>57</u> <u>10</u> <u>25</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shirt Presser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laundry</u>	11. BIRTHPLACE (City and state or country) <u>Osceola, Missouri</u>
13a. FATHER'S NAME <u>Thomas G. Dean</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Combs</u>	14. NAME OF HUSBAND OR WIFE <u>George J. McKinney (deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-28-1671</u>	17. INFORMANT <u>Ellen Vantine, Macon, Missouri</u> Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Decompensated acute Co Pulmonale</u> DUE TO (c) <u>Lobar Pneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>49EX</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 <u>4-29-59</u> to <u>4-29-59</u> and last saw her <sup>her</sup> <sub>last</sub> alive on <u>NEVER Did.</u> Death occurred at <u>4-28-59 at 10:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Norman J. Henderson</u> (Degree or title) <u>D.O. 2</u>		22b. ADDRESS <u>Hale, Mo.</u>	
22c. DATE SIGNED <u>4-29-59</u>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 30, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Brantford, Missouri</u>
24. FUNERAL DIRECTOR <u>Hice Funeral Home, Brantford, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Apr. 29, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Rex Henderson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harold J. Wade* .....

Licensed Embalmer No. *4172* .....

P. O. Address *Brown* .....

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.