MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000033
STATE FILE NUMBER

FILED JAN 28 1963

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 23

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	017
2	017
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4	0
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kirksville — Length of stay in 1b: years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 507 W. Mary — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Adair
c. CITY OR TOWN: Kirksville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 507 W. Mary — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First EDWARD Middle LOUIS Last McKOON

4. DATE OF DEATH: Month January Day 19 Year 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-4-1888
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Producers Creamery
11. BIRTHPLACE (City and state or country): Boston, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Ben Mc Koon
13b. MOTHER'S MAIDEN NAME: Minnie Cozad
14. NAME OF HUSBAND OR WIFE: Leonora McKoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Leonora McKoon Address: 507W. Mary Kirksville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Collapse
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Congestive Heart Failure
DUE TO (c): Chronic Emphysema & Generalized Arteriosclerosis
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 ____ to ____ and last saw him alive on January 19, 1963
Death occurred at 3:47 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): V. H. Lasser D.O. D.O.
22b. ADDRESS: 800 W. Jefferson, Kirksville, Mo.
22c. DATE SIGNED: 1/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-22-63
23c. NAME OF CEMETERY OR CREMATORY: Maple Hills
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.

24. FUNERAL DIRECTOR: Dee Riley Funeral Home, Inc.
ADDRESS: 415 North Franklin Kirksville, Missouri
Larry Jackson
(Licensed Embalmer's Statement on Reverse Side)

25. DATE RECD. BY LOCAL REG.: 1-21-1963
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

Permit issued Jan 21, 1963

V. H. Casner, D.O.

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, 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.