

FILED MAR 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7478

BIRTH NO. _____ REG. DIST. NO. 399 PRIMARY REG. DIST. NO. 5173 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holt Summit</u>		c. CITY OR TOWN <u>Holt Summit</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>2/1/40</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. N.W. Holt Summit</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi. N.W. Holt Summit</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>William</u> c. (Last) <u>McKim</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 19 55</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21 1901</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Prison</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Bloomfield Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>John McKim</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie Gathright</u>		14. NAME OF HUSBAND OR WIFE <u>Novelle McKim</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>492-36-8287</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Albert McKim Holt Summit</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>Mar 12-55</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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) m.	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>Mar 10, 1955</u> , to <u>Mar 19, 1955</u> , that I last saw the deceased alive on <u>Mar 19, 1955</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. McPherson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>3/21 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holt Summit Mo</u>
DATE REC'D BY LOCAL REG. <u>3/20/55</u>	REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walt Claypool New Bloomfield Mo</u>	

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

1956.

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 *De Roy Claypool*

Licensed Embalmer No. *44*

P. O. Address *Newble*

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.