No. 300
10.48

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

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021748 State File No.

BIRTH NO. REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 5568 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark
c. LENGTH OF STAY (in this place): 7 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 8 Miles S.W. of Troy MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN: 0570 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8 Miles South West of Troy MO.

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): RALPH
c. (Last): McKINLAY

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1957

5. SEX: 0 Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27, 1883
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineer (Ret)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pubelo Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: John McKinlay
13b. MOTHER'S MAIDEN NAME: Caroline True
14. NAME OF HUSBAND OR WIFE: Florence McKinlay
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 573-01-1142A
17. INFORMANT'S SIGNATURE OR NAME: Florence McKinlay — ADDRESS: Troy MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 mins

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

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: 4201
20. AUTOPSY? 0 YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/10, 1955, *to* Jun 20, 1957, *that I last saw the deceased alive on* Jun 20, 1957, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. Clark (Degree or title): MD
23b. ADDRESS: Troy Mo
23c. DATE SIGNED: 6-22-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24th 1957
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St Louis MO.

DATE REC'D BY LOCAL REG.: June 24 57
REGISTRAR'S SIGNATURE: Emma B. Riddle
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. McCoy
ADDRESS: Troy Mo.

(Licensed Embalmer's Statement on Reverse Side)

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JUL 18 1957

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...D.W. McBoy.....

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.