

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23384**

FILED JUL 29 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Morrow Twp.</b>		0010	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Route 4, Green Castle</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rolla</b>		b. (Middle) <b>James</b>		c. (Last) <b>McKee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 16, 1957</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 15, 1898</b>	
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		D	
13a. FATHER'S NAME <b>Freeman E. McKee</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Tade</b>			14. NAME OF HUSBAND OR WIFE <b>Minnie Edith McKee</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>498-40-5438</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Minnie McKee, Green Castle, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic glomerulonephritis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced uremia</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 <b>592X</b>				20. AUTOPSY? <b>2</b> 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 <b>7/14</b> , 1957, to <b>7/16</b> , 1957, that I last saw the deceased alive on <b>7/16</b> , 1957, and that death occurred at <b>12:03 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>D.D. McElure</b> (Degree or title) <b>DO</b>				23b. ADDRESS <b>Kirksville, Mo</b>		23c. DATE SIGNED <b>7/19/57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 19, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Grove Cemetery Adair Co., Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>7-22-1957</b>		REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn E. Lentz, Green City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl P. Kent

Licensed Embalmer No. 4688

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.