

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028652  
STATE FILE NUMBER

Health, & Welfare  
Public  
Service  
6 c

5. 300  
1-57

FILED SEP 9 1958 Registration District No. 96 Primary Registration District No. 4158 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Buffalo</u>		c. CITY OR TOWN <u>Buffalo</u> 0 300	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Pine St</u>		d. STREET ADDRESS (If outside, give location) <u>Missouri Pine St.</u>	
Length of stay in lb <u>12 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT ALLEN MCKOWN</u>			4. DATE OF DEATH Month Day Year <u>8 31 1958</u>		
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5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</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>5-5-1857</u>	9. AGE (In years last birthday) <u>101</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
					<u>3 26</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Pella Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Alexander McKown</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barkhurst Lydie</u>	14. NAME OF HUSBAND OR WIFE <u>Mary McKown Buffalo, Mo.</u>
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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>332 X</u>	17. INFORMANT Address <u>Mary McKown Buffalo, Mo.</u>
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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>Respiratory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Embolism of cerebral respiratory center</u>	<u>10 min.</u>
	DUE TO (c) <u>Athero-sclerosis</u>	
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>Sept. 13, 1954</u> to <u>Aug. 31, 1958</u> and last saw <sup>him</sup> alive on <u>August 31, 1958</u> Death occurred at <u>12:30 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Joseph G. Bennett, D. O.</u>	22b. ADDRESS <u>Buffalo, Missouri</u>	22c. DATE SIGNED <u>9/5/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-2-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	23d. LOCATION (City, town, or county) (State) <u>Buffalo, Mo.</u>
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24. FUNERAL DIRECTOR <u>L.B. Jones Buffalo Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9/8/58</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Vera Petree</u>
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(Licensed Embalmer's Signature on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

90

*Rep Reg*

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 me....., Student Embalmer No. ✓..... working under my personal supervision.

Student ✓.....  
Signature of Student Embalmer

Signed R. E. Cheatham.....

Licensed Embalmer No. 3813.....

P. O. Address Buffalo, 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.