

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035332  
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kirksville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Laughlin</b> Length of stay in 1b <b>30 yrs</b>		d. STREET ADDRESS <b>701 S. First</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Robert</b> Middle <b>Seldom</b> Last <b>McKinney</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>7</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>3</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 11 1887</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>	11. BIRTHPLACE (City and state or country) <b>Knox Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U S</b>		13. FATHER'S NAME <b>William McKinney</b>	
14. MOTHER'S MAIDEN NAME <b>Rebecca Ann Bryant</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Non</b>	
16. SOCIAL SECURITY NO. <b>494-20-6450</b>		17. INFORMANT Address <b>Velma Beach, Ottumwa, Iowa</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Myocardial Failure, Chronic</b> DUE TO (c) <b>Unresolved Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b> <b>Yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Unresolved Pneumonia</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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.)	
20c. TIME OF INJURY Hour <b>9:20</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>8-27-'58</b> to <b>10-7-58</b> and last saw him alive on <b>10-7-58</b> Death occurred at <b>9:20</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dwight Slaughter D.O.</b>		22b. ADDRESS <b>711 W. Jefferson Kirkville Mo</b>	22c. DATE SIGNED <b>10-9-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>Oct. 10-58</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Highland Park</b>	23d. LOCATION (City, town, or county) (State) <b>Kirksville, Adair, Mo.</b>
24. FUNERAL DIRECTOR <b>Nora Foster</b> ADDRESS <b>Kirkville, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>10-11-1958</b>	26. REGISTRAR'S SIGNATURE <b>Doris W. Pattiff</b>

Health, Welfare Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

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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.....  
Signature of Student Embalmer

Signed.....  
Nova E. Foster  
Licensed Embalmer No. 4742

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.