THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003242
STATE FILE NUMBER

FILED FEB 11 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 327

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge Hosp. — Length of stay in 1b 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Rock Hill 4631 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 9434 Plainfield Dr. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ALEXANDER Middle CAMPBELL Last McKIBBIN

4. DATE OF DEATH Month January Day 9, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Feb. 13, 1876
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Public Relations
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and state or country) Amaranth, Penn
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dr. Wm.L.McKibbin
13b. MOTHER'S MAIDEN NAME Ella Eddoes
14. NAME OF HUSBAND OR WIFE Mary Larkin McKibbin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT Address Mrs. Mary L. McKibbin, 9434 Plainfield, Rock Hill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease c̄ failure — 1 year
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cystitis, senility
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Dec 58, to 1-9-59 and last saw her/him alive on 1-9-59
Death occurred at 1-9-59 9:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) McKimmerman MD
22b. ADDRESS 1005 Big Bend
22c. DATE SIGNED 1-10-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/11/59
23c. NAME OF CEMETERY OR CREMATORY Manassas Cemetery
23d. LOCATION (City, town, or county) (State) Manassas, Va.

24. FUNERAL DIRECTOR Louis H Bopp Inc. ADDRESS Richmond Mo
25. DATE RECD. BY LOCAL REG. JAN 12 '59
26. REGISTRAR'S SIGNATURE J Carl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 T. Francis J. Wagland Jr.

Licensed Embalmer No. 4512

P. O. Address Richmond, Va.

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.