

# DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-026169

FILED VS AUG 7 1959 *275*

Registration District No. *275* Primary Registration District No. *3053* Registrar's No. *132*

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <span style="float: right;">Phelps</span> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <span style="float: right;">Rolla</span> Length of stay in lb <span style="float: right;">36 yrs.</span> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <span style="float: right;">201 West 18th. st.,</span> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <span style="float: right;">Missouri</span> b. COUNTY <span style="float: right;">Phelps</span> c. CITY OR TOWN <span style="float: right;">Rolla</span> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <span style="float: right;">201 West 18th. st.,</span> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <span style="float: right;">ROBERT</span> Middle <span style="float: right;">EDWARD</span> Last <span style="float: right;">McKINLEY</span>			<b>4. DATE OF DEATH</b> Month <span style="float: right;">July</span> Day <span style="float: right;">26</span> Year <span style="float: right;">1959</span>				
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. Married</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 1/30/1876	<b>9. AGE (last birthday)</b> 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Owner Bill board Co.		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> Advertising Co.		<b>11. BIRTHPLACE</b> (City and state or country) Missouri		<b>12. CITIZEN OF WHAT COUNTRY</b> USA	
<b>13a. FATHER'S NAME</b> Samuel J. McKinley			<b>13b. MOTHER'S MAIDEN NAME</b> Sarah Newberry			<b>14. NAME OF HUSBAND OR WIFE</b> Maudo McKinley (dec.)	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no none			<b>16. SOCIAL SECURITY NO.</b> 497-10-479E		<b>17. INFORMANT</b> Lawrence McKinley Rolla, Mo.		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>coronary sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 hour	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Serility</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY STATE</b>			
<b>21. I attended the deceased from</b> <u>past 20 years</u> <b>to</b> <u>July 26</u> <b>and last saw</b> <u>her</u> <b>him</b> <u>alive on</u> <u>July 26</u> . Death occurred at <u>9:30 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) E. E. Fend M.D.			<b>22b. ADDRESS</b> Rolla mo.		<b>22c. DATE SIGNED</b> 7-29-59		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> Burial		<b>23b. DATE</b> 7/28/1959	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Liberty Cemetery		<b>23d. LOCATION</b> (City, town, or county) (State) Loesburg, Mo.		
<b>24. FUNERAL DIRECTOR</b> Carl Glenn		<b>ADDRESS</b> West 10th. Rolla, Mo.		<b>25. DATE RECD. BY LOCAL REG.</b> July 29, 1959	<b>26. REGISTRAR'S SIGNATURE</b> Nadrie L. Stoll		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 7 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl J. Glenn  
Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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