

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 7 1956

State File No. ....

No. 300  
10.48

0710

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 12

|   |  |  |                                |
|---|--|--|--------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MORGAN</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u> |                                |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL-OSAGE</u> |  | c. LENGTH OF STAY (In this place township) <u>lifetime</u>   | c. CITY OR TOWN <u>BARNETT</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. S - BARNETT</u>                    |  | e. STREET ADDRESS (If rural, give location) <u>2 mi. So. BARNETT</u>   |                                |

|  |                               |   |  |   |   |
|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Elijah</u> b. (Middle) <u>GREEN</u> c. (Last) <u>McKINLEY</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1956</u>                |   |   |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>4 July 1855</u>                                    | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>          |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Gen-Farming</u>                  | 11. BIRTHPLACE (City and State or Foreign Country) <u>MORGAN-Co-Mo</u> |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 13a. FATHER'S NAME <u>James-McKinley</u>  |  | 13b. MOTHER'S (MAIDEN NAME) <u>MARY-Adams</u> |   | 14. NAME OF HUSBAND OR WIFE <u>LULA-MAY-McKinley</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>NO</u> |  | 16. SOCIAL SECURITY NO. <u>NONE</u>           | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LULA-McKinley - BARNETT Mo</u> |  |  |

|   |  |   |  |  |                                  |
|---|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION                           |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOCK AND COLLAPSE</u>  |  | ACUTE PULMONARY EMBOLISM                        |  |  |                                  |
| * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (b) <u>RHEUMATIC HEART DISEASE (OLD)</u> |  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.             |  | DUE TO (c)                                      |  |  |                                  |

|   |  |   |  |
|---|--|---|--|
| 19a. DATE OF OPERATION <u>NONE</u>                          | 19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>NONE</u>                      |  |

22. I hereby certify that I attended the deceased from 2/2, 1956, to 2/2, 1956, that I last saw the deceased alive on 2/2, 1956, and that death occurred at 3 A.M., from the causes and on the date stated above.

|   |   |  |  |                                  |                         |
|---|---|--|--|----------------------------------|-------------------------|
| 23a. SIGNATURE (Degree or title) <u>Robert O. Wondolky DO</u> |   | 23b. ADDRESS <u>ELDON Mo</u>                         |  | 23c. DATE SIGNED <u>4 Feb 56</u> |                         |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>       | 24b. DATE <u>5 Feb 56</u>                           | 24c. NAME OF CEMETERY OR CREMATORY <u>VERSAILLES</u> | 24d. LOCATION (City, town, or county) (State) <u>VERSAILLES Mo</u> |                                  |                         |
| DATE REC'D BY LOCAL REG. <u>2-6-56</u>                        | REGISTRARS SIGNATURE <u>[Signature]</u> <u>214-</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>                |                                  | ADDRESS <u>ELDON Mo</u> |

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

