

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED JUL 7 - 1951**

State File No. **20482**  
Registrar's No. **233**

BIRTH NO. _____		REG. DIST. NO. <b>146</b>		PRIMARY REG. DIST. NO. <b>55-68</b>		Registrar's No. <b>233</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Blue</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>551 So Cedar</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>551 So Cedar 04</b>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <b>Fredrica</b>		b. (Middle) <b>Mary</b>		c. (Last) <b>McKinney</b>		June 28, 1951	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 28, 1860</b>	
9. AGE (Years last birthday) <b>90</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Chicago Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Henry Kleysenber</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Andrew E. McKinney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Les Curran</b> ADDRESS <b>551 So Cedar</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory Failure</b>				<b>1 hr.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial pneumonia</b>				<b>1 week</b>	
		DUE TO (c) <b>Passive lung congestion (fractured hip)</b>				<b>1 week</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchial asthma</b>				<b>10 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>572 N</b>			
22. I hereby certify that I attended the deceased from <b>March</b> , 1951, to <b>June 28</b> , 1951, that I last saw the deceased alive on <b>June 28</b> , 1951, and that death occurred at <b>2:15 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jason J. Sperry</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>10307 Inverness Ave</b>		23c. DATE SIGNED <b>6/29, 1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 2, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>K.C. Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-1-51</b>		REGISTRAR'S SIGNATURE <b>James H. Galt</b>		FUNDAL DIRECTOR'S SIGNATURE <b>Dillon L. Kasper</b>		ADDRESS <b>Indep 200</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300  
10. 48  
1480

JUL 6 RECD

(FEB 5 1957)

### 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 .....

Student Embalmer

Signed

*Dixon L. Kelsey*

Licensed Embalmer No. *4225*

P. O. Address *Indep. 240*

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 this body is not embalmed, fact should be so stated above.