

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

State File No. **38766**  
**5173**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>7-1/2 yr</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>  c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1105 West 76th Terrace</u>	
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<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>ELMER</u> c. (Last) <u>KINNEY</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>November 25, 1952</u>
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<b>5. SEX</b> <u>M</u>	<b>6. COLOR OR RACE</b> <u>W</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>May 11, 1876</u>	<b>9. AGE</b> (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Mins. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Chemical Engineer</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Missouri</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
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<b>13a. FATHER'S NAME</b> <u>Elon G. Kinney</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Carlesta Evans</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Imogene Kinney</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>221-01-2479</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs. Imogene Kinney, 1105 W. 76th Terr, KC Mo</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>PULMONARY EDEMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC MYOCARDIAL FAILURE</u> <u>MYOCARDITIS</u> DUE TO (c) _____	<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>4 days</u>
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<u>422</u>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 11-23, 1952, to 11-25, 1952; that I last saw the deceased alive on 11-25, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>John A. Greaves</u> (Degree or title) <u>John A. Greaves, D.O., DO</u>	<b>23b. ADDRESS</b> <u>7329 Broadway</u>	<b>23c. DATE SIGNED</b> <u>11-25-52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/26/52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Forest Hill</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>11-26-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Deraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>STINE &amp; McCLURE, Kansas City, Mo.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10-48

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Dr. John Breaner  
622 4500

7-12 2-6

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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 .....  
Student Embalmer

Signed F. S. Walker

Licensed Embalmer No. 2746

P. O. Address R. C. Me

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.