

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9967
1464

3

LED APR 9 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Netherlands Hotel, 3835 Main St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Netherlands Hotel, DOA Gen. Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>		b. (Middle) <u>C.</u> (Last) <u>MCKINNEY, JR.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 8, 1922</u>
9. AGE (In years last birthday) <u>30</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. HOURS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Used Car lot-Central Pontiac Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward C. McKinney, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Garnett Brelsford</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes</u> <u>W.W. # II</u>		16. SOCIAL SECURITY NO. <u>499-14-3475</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E.C. McKinney, Sr., 1243 W. 63rd St., KC Mo.</u>		ADDRESS <u>E.C. McKinney, Sr., 1243 W. 63rd St., KC Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Feeling lab. Exam showed</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute coronary occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Geo. C. Kealhofer</u> (Degree or title) <u>Des. C. Kealhofer, M.D., Sec'y, Coroner</u>		23b. ADDRESS <u>4050 Broadway Blvd</u>	
23c. DATE SIGNED <u>3-11-53</u>			
24a. BURIAL, CREMATION, REMOVAL, ENTOMBMENT <u>Entombment</u>		24b. DATE <u>3/12/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Temple</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-12-53</u>		REGISTRAR'S SIGNATURE <u>E. Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & MCCLURE, Kansas City, Missouri</u>		ADDRESS <u>STINE & MCCLURE, Kansas City, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ben. P. Lenzel
4050 Broadway
We 2432

APR 30 1932

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. A. Watton

Licensed Embalmer No. 2784

P. O. Address 15 E 220

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.