

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24979

State File No.

3600

BIRTH NO. FILED AUG 6 - 1953 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 56 years		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital			e. STREET ADDRESS (If rural, give location) 1131B Prospect		
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Andrew		c. (Last) McKinney	
4. DATE OF DEATH (Month) (Day) (Year) July 19, 1953					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH November 10, 1896	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10b. KIND OF BUSINESS OR INDUSTRY U.S. Postoffice		11. BIRTHPLACE (City and State or Foreign Country) Peculiar, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME Charles W. McKinney		13b. MOTHER'S MAIDEN NAME Laura Buckner		14. NAME OF HUSBAND OR WIFE Jewell McKinney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW I		17. INFORMANT'S SIGNATURE OR NAME Official records, VA Hospital, K. C. Mo.	
18. DATE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Coronary atherosclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: (A) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Min.)		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 June 24, 1953 , to July 19, 1953 , and that death occurred at 8:15 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Richard C. Schaffer, M.D.		23b. ADDRESS V.A. Hospital, Kansas City, Mo.		23c. DATE SIGNED 7-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 21, 1953		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI					
DATE REC'D BY LOCAL REG. 7-21-53		REGISTRAR'S SIGNATURE Geraldine Smith		FUNDAL DIRECTOR'S SIGNATURE A. H. Newcomer	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1953

AUG 7 1953

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4690

P. O. Address K.C. Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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