

FILED OCT 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31882
Registrar's No. 4461

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

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) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4009 Roanoke Road**

e. STREET ADDRESS (If rural, give location) **4009 Roanoke Road 8708**

3. NAME OF DECEASED
a. (First) **Effie** b. (Middle) **Viola** c. (Last) **Mc Kinley**

4. DATE OF DEATH (Month) (Day) (Year) **Sept 11 1953**

5. SEX **Female**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **Aug 5, 1869**

9. AGE (In years last birthday) **84**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Garden Grove Iowa**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Gregory Hale**

13b. MOTHER'S MAIDEN NAME **Rebecca Hale**

14. NAME OF HUSBAND OR WIFE **Floyd S. Mc Kinley**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **-**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Noel G. Mc Kinley 3631 west Roanoke Rd**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertension**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Cerebral arteriosclerosis**
DUE TO (c) **nephrosclerosis**
Coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH
20 yrs
6 yrs
15 yrs
15 yrs
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 1948** to **Sept 11, 1953**, that I last saw the deceased alive on **Dec 1953** and that death occurred at **3:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Don Carlos Heets** (Degree or title)

23b. ADDRESS **1500 Prof Bldg**

23c. DATE SIGNED **9-11-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **Sept 11 1953**

24c. NAME OF CEMETERY OR CREMATORY **Mt Olive**

24d. LOCATION (City, town, or county) (State) **Pittsburg Kansas**

DATE REC'D BY LOCAL REG. **9-12-53** REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mrs C.L. Forster 918 Brooklyn K.C. Mo.**

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

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.....
Dean Owens

Licensed Embalmer No. *4280*

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.