

FILED DEC 9 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37491

5392

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
<b>I. 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>11 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Jefferson City</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>R.F.D. #1</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) <u>GERALD</u> a. (First) b. (Middle) <u>T.</u> c. (Last) <u>McKINNEY</u>		<b>4. DATE OF DEATH</b> <u>Nov. 23</u> 1954 (Month) (Day) (Year)		<b>5. SEX</b> <u>male</u> <b>6. COLOR OR RACE</b> <u>white</u> <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>married</u>		<b>8. DATE OF BIRTH</b> <u>2-10-1919</u> <b>9. AGE (In years last birthday)</b> <u>35</u> <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u> <b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Carterville Illinois</u> <b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Ottis McKinney</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>May Wolverton</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Mary K. McKinney</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b> <u>—</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Mary K. McKinney</u> <b>ADDRESS</b> <u>Jefferson City, Mo.</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Diabetic acidosis, shock</u> <u>Pulmonary edema, bronchitis</u> <u>Diabetes mellitus</u> DUE TO (b) <u>—</u> DUE TO (c) <u>unknown</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>10 days</u> <u>260X</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<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)</b>		<b>(COUNTY)</b> <b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<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>			
<b>22. I hereby certify that I attended the deceased from</b> <u>11/11/54</u> , <b>to</b> <u>11/23/54</u> , <b>that I last saw the deceased alive on</b> <u>11/22/54</u> , <b>and that death occurred at</b> <u>6:30 AM</u> , <b>from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> (Degree or title) <u>G. N. Gillum</u>		<b>23b. ADDRESS</b> <u>926 E 117th St</u>		<b>23c. DATE SIGNED</b> <u>11/23/54</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>removal</u>		<b>24b. DATE</b> <u>Nov. 23, 1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>—</u>		<b>24d. LOCATION (City, town, or county)</b> <u>Jefferson City Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-23-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>neva minshall</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Stine &amp; McClure</u> <b>ADDRESS</b> <u>Mo. R.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
G. N. Gillum

*John L. Liden*

*Post-mortem Exam - in sick of hospital*

*Post-mortem Exam  
of Liden  
Hosp. Corp.*

JUN 11 1954

JUN 21 1954

JUN 14 1954

# 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. 496

P. O. Address..... H. C. M.

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.