

10.300
0.48

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9198**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1310**

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. LENGTH OF STAY (in this place) **16 yrs.**
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 **General Hospital No. 1** e. STREET ADDRESS (If rural, give location) **523 Grand** **30250**

3. NAME OF DECEASED a. (First) **Clifford** b. (Middle) **H.** c. (Last) **McKay** 4. DATE OF DEATH (Month) (Day) (Year) **3 23 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **6-18-1894** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Penitioner** 10b. KIND OF BUSINESS OR INDUSTRY **State** 11. BIRTHPLACE (City and State or Foreign Country) **Unknown** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **None**

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 "U.S." NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Record Clerk: R.C. Beardsley #1**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchopneumonia** INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
491h

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 **March 19, 1956**, to **March 23, 1956**, that I last saw the deceased alive on **March 23, 1956**, and that death occurred at **4:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns** (Degree or title) 23b. ADDRESS **24th & Cherry** 23c. DATE SIGNED **3-26-1956**

24a. BORING, CREMATION, REMOVAL (Specify) **Interment** 24b. DATE **3-26-56** 24c. NAME OF CEMETERY OR CREMATORY **L.C. Western Dental Co.** 24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **3-26-56** REGISTRAR'S SIGNATURE **neva minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **B. G. Weiler, L.C.S. No.**

(Licensed Embalmer's Statement on Reverse Side)

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..... *A. E. Weichert*

Licensed Embalmer No. *40*

P. O. Address *L. C. S.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Embalmers
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.