. Health,
& Welfare
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securing the medical certification in the specific manner required by 193.140 Mo. 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13580

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Washington — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 120th&State Line — Length of stay in 1b 65 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grandview 7000 — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 120th & State Line — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Oliver Middle Perry Last McKinney

4. DATE OF DEATH Month 4 Day 4 Year 57

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 12-4-76
9. AGE (In years last birthday) 80 — 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) Buyer
10b. KIND OF BUSINESS OR INDUSTRY Horses & Mules
11. BIRTHPLACE (City and state or country) Johnson County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William A. McKinney
14. MOTHER'S MAIDEN NAME Eliza Rippetoe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - - -
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mayme McKinney, 120th & State Line

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c) Arterio Sclerosis 4201 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic nephritis (arteriosclerotic)
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-15-'52, to 4-4-'57 and last saw ~~her~~ him alive on 3-30-57
Death occurred at 5:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ada B. Rader M.D.
22b. ADDRESS Martin City, Missouri
22c. DATE SIGNED 4-6-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-7-57
23c. NAME OF CEMETERY OR CREMATORY Santa Fe Cemetery
23d. LOCATION (City, town, or county) (State) Jackson Co. Missouri

24. FUNERAL DIRECTOR ADDRESS E. K. George & Sons Inc, Grandview Mo.
25. DATE RECD. BY LOCAL REG. 4-6-57
26. REGISTRAR'S SIGNATURE Sterling E. Goddard

498 0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Sterling E. Goddard

Licensed Embalmer No. 4911

P. O. Address Grandview Mo

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