

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35982

STATE FILE NUMBER

4340

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) VA HOSPITAL			Length of stay in lb 4 years		d. STREET ADDRESS 720 TROOST		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE Middle T. Last MC KINNEY				4. DATE OF DEATH Month September Day 17 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 15, 1902		9. AGE (In years last birthday) 55		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Worker		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) Brookfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James McKinney				14. MOTHER'S MAIDEN NAME Jennie Toosey				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO. 349 09 2770		17. INFORMANT MAE MC KINNEY Address 720 TROOST VA Hospital Official Records, K. C. Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma base of tongue with extension to orthopharynx, DUE TO (c) left Neck and metastasis to lungs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 12:00 Month, Day, Year 1957								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA Hospital, Kansas City, Mo.		20g. STATE Missouri		
21. Attended the deceased from January 8, 1957 to September 17, 1957 Death occurred at 12:00 Noon on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE A. J. WILLIAMS, M.D. (Degree or title) A. J. Williams				22b. ADDRESS VA Hospital, Kansas City, Mo.		22c. DATE SIGNED 9-17-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-18-57	23c. NAME OF CEMETERY OR CREMATORY BROOKFIELD CEMETERY		23d. LOCATION (City, town, or county) (State) BROOKFIELD, MISSOURI			
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS K. C., MO.				25. DATE RECD. BY LOCAL REG. 9-18-57		26. REGISTRAR'S SIGNATURE Reva Minshall		

(Licensed Embalmer's Statement on Reverse Side)



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 *Vern Lawler*

Licensed Embalmer No. 49

P. O. Address *D. C.*

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