

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005698
STATE FILE NUMBER
1048

FILED MAR 13 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | | | | | | |
|---|----------------------------------|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3501 E 55th</u> | | | Length of stay in lb <u>Year</u> | d. STREET ADDRESS <u>3501 E 55</u> | | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u></u> Last <u>McKARNIN</u> | | | | 4. DATE OF DEATH Month <u>Feb</u> Day <u>24</u> Year <u>58</u> | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Oct. 12-1870</u> | | 9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u></u> Days <u></u> Hours <u></u> Min. <u></u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>Clay Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13. FATHER'S NAME <u>Charles McKarnin</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Katherine Howard</u> | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT <u>Annie McKarnin K.C. Mo</u> Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Aortic Stenosis</u> DUE TO (c) <u>Chronic Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Chief - No death to her same wife died Feb 5-58 4211</u> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> <u>5 yrs</u> <u>10 yrs</u> | |
| 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 <u></u> Month, Day, Year a. m. <u></u> p. m. <u></u> | | | 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 COUNTY STATE | |
| 21. I attended the deceased from <u>Feb 6 58</u> to <u>Feb 24 58</u> and last saw her/him alive on <u>Feb 24-58</u> Death occurred at <u>7:40 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree or title) <u>Donald R. Collins M.D.</u> | | | | 22b. ADDRESS <u>2210 Woodland</u> | | | 22c. DATE SIGNED <u>Feb 24-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>Feb-24-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Belco</u> | | 23d. LOCATION (City, town, or county) (State) <u>Clay Co. Mo</u> | | | |
| 24. FUNERAL DIRECTOR <u>Church, Arcew</u> | | | ADDRESS <u>Liberty Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>2-26-58</u> | | 26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u> | | |

(Licensed Emballer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Donald R. Collins

24

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.....
John Lumberg

Licensed Embalmer No. 44

P. O. Address *2 Liberty*

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.