

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005700
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 584

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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARY'S HOSP.		Length of stay in lb 58 YRS.	d. STREET ADDRESS (If outside, give location) 5143 BROOKWOOD
3. NAME OF DECEASED (Type or print) First Middle Last KLETIA MCKINLEY			4. DATE OF DEATH Month Day Year FEB. 2, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 18, 1872
9. AGE (In years at birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PUTNAM COUNTY, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GREENBERRY COOLEY	13b. MOTHER'S MAIDEN NAME AMELIA PETTIT
14. NAME OF HUSBAND OR WIFE D.P. MCKINLEY		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 NO. NONE
17. INFORMANT MRS. T.W. JONES		Address 5143 BROOKWOOD KCMO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular accident (Thrombosis) DUE TO (b) Arterio-Sclerotic Hypertension, 10 yrs DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			INTERVAL BETWEEN ONSET AND DEATH 19 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 2/3/58 to 2/2/58 and last saw her alive on 2/1/58 Death occurred at 2:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Drs. Ralph Pouchon MD		22b. ADDRESS 820 Professional Bldg	
22c. DATE SIGNED 2/3/58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE FEB-4-1958		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM	
23d. LOCATION (City, town, or county) (State) KANSAS CITY MO		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1331 BAYSHORE CREEK KANSAS CITY, MO	
25. DATE RECD. BY LOCAL REG. 2-4-58		26. REGISTRAR'S SIGNATURE neva minshall	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Robert C. McLaughlin



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 *B. J. Nelson*
Licensed Embalmer No. *4421*
P. O. Address *Kansas City*

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.