

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14803

State File No.

FILED MAY 6 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 Registrar's No. 77

510
3

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural; Warrensburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> | |
| c. LENGTH OF STAY (in this place) <u>23yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>219 Grover</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. Centerview</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> | b. (Middle) <u>Frank</u> | c. (Last) <u>McKinney</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1953</u> |
|--|--------------------------|---------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 4, 1904</u> | 9. AGE (In years last birthday) <u>49</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 1 MIN. Hours | IF UNDER 1 MIN. Mins. |
|--------------------|-------------------------------|---|---------------------------------------|---|---------------------------|--------------------------|--------------------------|--------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Medicine</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>ST. Louis, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>George F. McKinney</u> | 13b. MOTHER'S MAIDEN NAME <u>Malinda Mutti</u> | 14. NAME OF HUSBAND OR WIFE <u>Evelyn McKinney</u> |
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| 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Evelyn McKinney, Warrensburg</u> | ADDRESS <u>Warrensburg</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to neck and chest</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>by being fallen by Tractor</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/> |
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|---|--|---|
| 21a. ACCIDENT (Specify) <u>suicide</u> <u>HOMICIDE X</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Dead when found probably 10 or 12 hours alive on Don't know at 9:30 or 10:30 P.M. on the date stated above.

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| 23. SIGNATURE (Degree or title) <u>Kelly Rawlins, M.D., Coroner Johnson Co</u> | 23b. ADDRESS <u>Warrensburg, MO.</u> | 23c. DATE SIGNED <u>4/21/53</u> |
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|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>23, Apr. 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>Apr. 23, 1953</u> | REGISTRAR'S SIGNATURE <u>Savannah Cutchfield</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips, Warrensburg, MO.</u> | ADDRESS <u>Warrensburg, MO.</u> |
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RECEIVED
APR 28 1953
JOHNSON COUNTY HEALTH DEPT.

VS
AUG 23 1953

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
Student Embalmer

Signed P. A. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo

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 this body is not embalmed, fact should be so stated above.