

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15870**  
**2339**

FILED JUN 9 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>20yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>2830 Raytown Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2830 Raytown Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Chlyde</b> b. (Middle) <b>Harry</b> c. (Last) <b>Zinkey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 21 1954</b>	
5. SEX <b>♂</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 14, 1910</b>
9. AGE (In years) (last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Pipe-Fitter</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Mooreland Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13. FATHER'S NAME <b>James W. Zinkey</b>		13b. MOTHER'S MAIDEN NAME <b>Katie Mikhion Heken Zinkey</b>		14. NAME OF HUSBAND OR WIFE <b>Helen Zinkey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>PEACE TIME 486-05-2105</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Helen Zinkey 2830 Raytown Rd. Kansas City, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sick + vomiting usually</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>89105 19</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>from gunshot wound of abdomen.</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>road</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jackson City, Jackson, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>5-21-54 5:55 a.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>slipped from white truck</b>	

22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **5:55 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Geo. C. Kealhofer</b> (Degree or title) <b>Geo. C. Kealhofer, Deputy Coroner</b>		23b. ADDRESS <b>4050 Buellway, St. Louis</b>		23c. DATE SIGNED <b>5-22-54</b>	
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 24 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
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DATE REC'D BY LOCAL REG <b>5-24-54</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Newcomer</b>		ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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... *Richard S. Proyer* .....

Licensed Embalmer No. *49*.....

P. O. Address *Keosauqua*.....

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.