

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005701

STATE FILE NUMBER 475

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

1. PLACE OF DEATH <i>Childrens Mercy Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Jackson</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE <i>Missouri</i>	b. COUNTY <i>Jackson</i>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Grandview</i>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Childrens Mercy Hospital</i>	Length of stay <i>7 1/2 days</i>	d. STREET ADDRESS <i>R.R. #1</i>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Martin</i> Middle <i>Joseph</i> Last <i>McKinney</i>			4. DATE OF DEATH Month <i>1</i> - Day <i>28</i> - Year <i>58</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-3-42</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>K.C. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Wesley McKinney</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Long</i>		14. NAME OF HUSBAND OR WIFE <i>child</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Wesley McKinney</i> Address <i>Grandview Mo R.R. #1</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>6090 2nd-3rd° burns.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <i>Pesting rocket fuel. explosion of the fuel.</i>	
20c. TIME OF INJURY Hour _____ Month <i>1</i> , Day <i>11</i> , Year <i>58</i>			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>Grandview</i> COUNTY <i>Jackson</i> STATE <i>Mo.</i>	
21. I attended the deceased from <i>1-28-58</i> , to <i>1-28-58</i> and last saw him <i>live</i> on <i>1-28-58</i> Death occurred at <i>11:30</i> P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Wayne Hart MD</i>			22b. ADDRESS <i>Mersey Hosp.</i>		22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>1-31-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>PECULIAR CEMETERY PECULIAR</i>		23d. LOCATION (City, town, or county) (State) <i>MO</i>	
24. FUNERAL DIRECTOR <i>E.K. GEORGE & SONS</i> ADDRESS <i>Grandview, Mo</i>			25. DATE RECD. BY LOCAL REG. <i>1-29-58</i>		26. REGISTRAR'S SIGNATURE <i>Gene Marshall</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Wayne Hart

All diseases in Part I must be causally related.

JUL 7 1958

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 E. George*

Licensed Embalmer No. *3958*

P. O. Address *Bilto, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.