

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 2 1957

BIRTH NO. _____		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4576</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Forsyth</u>		c. LENGTH OF STAY (in this place) <u>5 year</u>		c. CITY OR TOWN <u>Forsyth</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home Forsyth</u>				e. STREET ADDRESS (If rural, give location) <u>Forsyth 1060</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATE</u>		b. (Middle) <u>Kate</u>		c. (Last) <u>McConkey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16, 1956</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec 9, 1866</u>	
9. AGE (in years last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired music teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo, Hannibal</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph A. D. J. McConkey Smith</u>		13b. MOTHER'S M.A.D.E.N. NAME <u>Mary Hally Holley</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis McConkey</u>		ADDRESS <u>Forsyth Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspiration from Inf. throat</u>					
		DUE TO (c) <u>Diabetes Mellitus</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 10, 1956</u> , to <u>Dec 16, 1956</u> , that I last saw the deceased alive on <u>Dec 10, 1956</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Forsyth Mo</u>		23c. DATE SIGNED <u>12/18/56</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Snapp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Forsyth Mo</u>	
DATE REC'D BY LOCAL REG. <u>12/27/56</u>		REGISTRAR'S SIGNATURE <u>Deleu Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Forsyth Annual Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Cover by cell

Forsyth Mo

1951 0 8 812

1951 7 812

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... *Walter S. C... 812*

Licensed Embalmer No... 472

P. O. Address... *Lehigh*

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.