

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**58-004723**  
STATE FILE NUMBER

FILED MAR 11 1958

Registration District No. 53 Primary Registration District No. \_\_\_\_\_ Registrar's No. 216

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Cape Girardeau</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Cape Gir</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis</b>		Length of stay in lb <b>34 yr</b>		c. CITY OR TOWN <b>Cape Girardeau</b>		d. STREET ADDRESS <b>1511 Mississippi</b>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. RESIDE ON FARM	
First <b>John</b>		Middle <b>Raymond</b>		Last <b>McClintick</b>		Month <b>Feb</b> Day <b>28</b> Year <b>1958</b>	
6. SEX <b>Male</b>	7. COLOR OR RACE <b>White</b>	8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	9. DATE OF BIRTH <b>April 1 1899</b>	10. AGE (In years last birthday) <b>58</b>	11. IF UNDER 1 YEAR	12. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>United Machine</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>United Machine</b>		11. BIRTHPLACE (City and state or country) <b>Brookfield Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>George McClintick</b>				14. MOTHER'S MAIDEN NAME <b>Don't Know</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-05-5085</b>		17. INFORMANT Address <b>Mrs Alberta McClintick, Cape Gir Mo</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease, with congestive failure.</b>						<b>4 years.</b>	
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) <b>Diabetes Mellitus</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY		Hour _____		Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>		NOT WHILE AT 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 <b>August 1951</b> to <b>Feb. 28, 1958</b> and last saw her alive on <b>Feb. 28, 1958</b> Death occurred at <b>6:30 a. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Edward D Campbell MD</b>				22b. ADDRESS <b>Cape Girardeau, Missouri</b>		22c. DATE SIGNED <b>3-4-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Mar 3 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lorimier</b>		23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Brinkopf Howell Funeral Home</b>				25. DATE RECD. BY LOCAL REG. <b>March 7, 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Homer E. Cooper</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, Welfare Public Service 800-56

MAR 12 1958  
MAR 13 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, ~~on~~ by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Neil H. Grosshender*.....

Licensed Embalmer No. *4991*

P. O. Address *Cape Girardeau*

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.