

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032361
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 960

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death (specify)) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Strafford</u> 1120
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>519 Cherry</u>		Length of stay in 1b <u>3 mon.</u>	d. STREET ADDRESS (If outside, give location) <u>Route 1</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Saura</u> <u>McInturf</u>			4. DATE OF DEATH Month Day Year <u>October 6, 1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 30, 1863</u>
9. AGE (In years, if UNDER 1 YEAR, if UNDER 24 HRS. (Last birthday) Months Days Hours Min. <u>95</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>near Ashville, N. C.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Dr. James G. Keith</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Jones</u>		14. NAME OF HUSBAND OR WIFE <u>W. D. McInturf (Dec.)</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>none</u>	
17. INFORMANT <u>W. D. McInturf (Son)</u>		Address <u>Strafford, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-Vascular disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma, face</u>			<u>2 yr</u>
DUE TO (c) <u>Senility, age 95</u>			<u>4221H</u>
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 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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <u>Sept 30 '58</u> to <u>Oct 5 '58</u> and last saw her/him alive on <u>Oct 5 1958</u> Death occurred at <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Don H. Subby M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield Mo</u>	
		22c. DATE SIGNED <u>10-7-58</u>	
23a. BURIAL, CREMATION, REMOVAL (specify) <u>Burial</u>		23b. DATE <u>10-8-1958</u>	
23c. NAME OF CEMETERY OR CREMATOR <u>Keith Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Logan County, Arkansas</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Rex Rainey - Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-8-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Effie S. Mellon</u>	

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 20 1958

OCT 23 1958

OCT 22-1958

OCT 23 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  _____

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.