

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039565

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1151

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY LARUE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN CONWAY MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 922 E STANFORD		d. STREET ADDRESS (If outside, give location) 3 WKS	
3. NAME OF DECEASED (Type or print) First ETHEL Middle B. Last MCKINNEY		4. DATE OF DEATH Month NOV Day 30 Year 1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 19 1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		11. BIRTHPLACE (City and state or country) MISSOURI	
13a. FATHER'S NAME ALF SMITH		13b. MOTHER'S MAIDEN NAME CHARA BURNLEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT HARRY SMITH MARSHFIELD MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of tonsil 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) 1450		INTERVAL BETWEEN ONSET AND DEATH 18 hrs.	
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 12-7-57 to 11-30-58 and last saw her alive on 7-1-58 Death occurred at 500 P on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Halter Plautsky, M.D.	
22b. ADDRESS Springfield Mo		22c. DATE SIGNED 12-3-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-30-1958	23c. NAME OF CEMETERY OR CREMATORY PLEASANT VIEW	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
24. FUNERAL DIRECTOR BARBER EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 12-4-58	
26. REGISTRAR'S SIGNATURE Eddie E. Melton			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 2 1956

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 *Gene B. Hunt*

Licensed Embalmer No. *4739*

P. O. Address *Jeff, W*

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.