

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000984
STATE FILE NUMBER

JAN 26 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 54B

300
-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN <u>Springfield</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>HANDLEY Hosp. D.O.A.</u>		Length of stay in lb <u>D.O.A.</u>	d. STREET ADDRESS (If outside, give location) <u>421 E. Chase</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>JANET</u> Middle <u>DELORES</u> Last <u>McKINNEY</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <u>Sept 2 - 1956</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	9. AGE (In years last birthday) <u>2</u> IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
11a. BIRTHPLACE (City and state or country) <u>Fort Scott, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Marcel M. McKinney</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Spidell</u>	
14. NAME OF HUSBAND OR WIFE <u>Infant</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>Marie McKinney</u> Address <u>Springfield Mo. 421 E Chase</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>Septicemia, Staphylococcal</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>UNATTENDED BY A PHYSICIAN</u> DUE TO (c) <u> </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Measles (Rubella)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Short (1 day)</u>
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>CS 31</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u> </u> to <u> </u> and last saw her alive on <u> </u> Death occurred at <u>6:10 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <u>James R. Amos M.D.</u> (Degree or title) <u>5</u>		22b. ADDRESS <u>Mo</u>	
22c. DATE SIGNED <u>1-19-59</u>		22d. DATE SIGNED <u>1-19-59</u>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-17-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo.</u>	
24. FUNERAL DIRECTOR <u>Brim - Daniel - Walnut Grove - Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-19-59</u>	
26. REGISTRAR'S SIGNATURE <u>Effie B. Melton</u>		26. REGISTRAR'S SIGNATURE <u> </u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Gayle L. Sauer*

Licensed Embalmer No. *4702*

P. O. Address.. *Ark Brook - 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.