Health, Welfare Public Service

300 1-57

FILED JAN 30 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001667

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Sni Bar — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lake Tapawingo — Length of stay in 1b: 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 27 B, Lake Tapawingo — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Frances Middle: L. Last: McClintock

4. DATE OF DEATH: Month 1 Day 23 Year 59

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

8. DATE OF BIRTH: 6-30-1895

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 6 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Dayton, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: William Walls

13b. MOTHER'S MAIDEN NAME: Martha Jane Keefer

14. NAME OF HUSBAND OR WIFE: Earl H. McClintock

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 281-09-1343

17. INFORMANT: Mrs John Denise Address: Lake Tapawingo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac & Respiratory Depression
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malnutrition & Anemia (Intestinal obstruction)
DUE TO (c) Carcinoma of liver + Intestines

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1539

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 WORK ☐ NOT WHILE AT WORK ☐

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 1-4-59 to 1-23-59 and last saw her alive on 1-23-59
Death occurred at 1-23-59 7:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James H. Via, DO (Degree or title)

22b. ADDRESS: Blue Springs, Mo

22c. DATE SIGNED: 1-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-24-59

23c. NAME OF CEMETERY OR CREMATORY: Graceland

23d. LOCATION (City, town, or county) (State): Sidney Ohio

24. FUNERAL DIRECTOR: Mayfield F.H. ADDRESS: Blue Springs Mo

25. DATE RECD. BY LOCAL REG.: 1-24-59

26. REGISTRAR'S SIGNATURE: W B Langford

(Licensed Embalmer's Statement on Reverse Side)

193 6

FEB 4 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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.