

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017084

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Neck City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Veterans Administration Hospital		Length of stay in lb 33 days	STREET ADDRESS (If outside, give location) P. O. Box 33
3. NAME OF DECEASED (Type or print) First Middle Last FLOYD (NMI) McKINSTRY			4. DATE OF DEATH Month Day Year May 13, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-16-04
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Mt. Grove, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles L. McKinstry	
13b. MOTHER'S MAIDEN NAME Anna Maxey		14. NAME OF HUSBAND OR WIFE Margaret McKinstry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT VA Hospital Records
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 right lung			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) -- DUE TO (c) --			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Tuberculosis, pulmonary, moderately advanced, act. and emphysema, severe.			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION ---	
20g. COUNTY ---		20h. STATE ---	
21. Attended the deceased from April 10, 1959 to May 13, 1959 Death occurred at 5:18 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. J. MANTELL, M.D., Acting Pathologist		22b. ADDRESS VACC, Ex. Spgs Div., Wadsworth, Kans	22c. DATE SIGNED 5-14-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-15-59	23c. NAME OF CEMETERY OR CREMATORY FRIENDS CEMETERY	23d. LOCATION (City, town, or county) (State) WEBB CITY, Mo.
24. FUNERAL DIRECTOR Prichard Funeral Home, Inc.		25. DATE RECD. BY LOCAL REG. 5-14-59	26. REGISTRAR'S SIGNATURE Baroline Hutchings

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

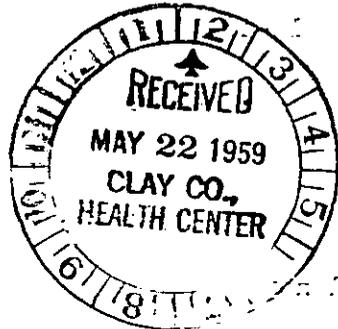
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Excelsior Springs, Missouri (Printed Embalmer's Statement on Reverse Side)

MAY 26 1959

JUN 18 1959



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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*
P.O. Address *Chickasaw Springs, Ga*

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.