

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017370  
STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Candier</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Linn Creek</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		Length of stay in 1b <b>5 days</b>	d. STREET ADDRESS (If outside, give location) <b>015<sup>c</sup> -----</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANKIE ----- McCLINTOCK</b>			4. DATE OF DEATH Month Day Year <b>May 31, 1959</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10 Dec. 1891</b>
9. AGE (In years last birthday) <b>67</b>		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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Whitesboror, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Nash</b>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <b>J.L. McClintock</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give what kind of service) <b>No None</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>J.L. McClintock, Linn Creek, Missouri.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Atelectasis</b> DUE TO (b) <b>Thyroidectomy (post-operative)</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterial Hypertension, Arteriosclerosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 M</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <b>5-25-59 to 5-31-59</b> and last saw her alive on <b>5-31-59</b> <b>6:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R.D. Duncan M.D.</b> (Degree or title)		22b. ADDRESS <b>Springfield Mo.</b>	
22c. DATE SIGNED <b>6/2/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2 June 1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery Tulsa, Oklahoma</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-5-59</b>	
26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
300  
1-57  
ow  
All diseases in Part I must be causally related.  
R.D. Duncan, M.D.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

AUG 24 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 Harold Futrell....., Student Embalmer No. 571.....

working under my personal supervision

Student

Harold Futrell  
Signature of Student Embalmer

Signed

Ralph H. - Turina

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Vt

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.