DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-010589
STATE FILE NUMBER

FILED VS APR 11 1960 / 28 Registration District No. Primary Registration District No. 2000 Registrar's No. 400

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 936 N. Campbell
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 936 N. Campbell
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: LILLIAN Middle: IRENE Last: McDONALD
4. DATE OF DEATH: Month: April Day: 7, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 9 May 1893
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: 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: At Home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William John Kinder
13b. MOTHER'S MAIDEN NAME: Lillian Bishop
14. NAME OF HUSBAND OR WIFE: Divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Mary F. Clark(Daughter) Address: 936 N.Campbell Springfield, Mo.

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): Parkinsons Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 1939, to 4/7/60 and last saw her alive on 4-7-60
Death occurred at 10:30 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O MK Lingner (Degree or title) M. D.
22b. ADDRESS: 1630 N. Jefferson Springfield, Missouri
22c. DATE SIGNED: 4-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/10/60
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Polk County, Missouri
24. FUNERAL DIRECTOR: Klingner Mortuary ADDRESS: Springfield, Mo.
25. DATE RECD. BY LOCAL REG.: 4-8-60
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 46

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.