

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-038205

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 393

FILED OCT 18 1961

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Farmington</u>		c. CITY OR TOWN <u>Farmington</u>	
Length of stay in 1b <u>2 wks</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 N Washington</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 1</u>	
Yes ☒ No ☐		Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Lena</u> Last <u>McKinney</u>		4. DATE OF DEATH Month <u>October</u> Day <u>7</u> Year <u>1961</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>12/12/1884</u>
9. AGE (last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (City and state or country) <u>St Francois Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Eli Hawk</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Wood</u>	
14. NAME OF HUSBAND OR WIFE <u>J.D. McKinney</u>		Address <u>J.D. McKinney, Farmington, Mo. R.R. 1</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> </u>	
17. INFORMANT <u>J.D. McKinney, Farmington, Mo. R.R. 1</u>		Address <u> </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>Adenocarcinoma of uterus</u> DUE TO (b) <u>peritoneal & liver metastasis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
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 <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u>Farmington, Mo.</u>	
20g. COUNTY <u>St Francois</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Apr. 1961</u> to <u>Oct 7, 1961</u> and last saw her <u>alive on Oct 7, 1961</u> Death occurred at <u>11:10 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R.A. Huckstep M.D.</u>		22b. ADDRESS <u>Farmington, Mo.</u>	
22c. DATE SIGNED <u>10/10/61</u>		22d. SIGNATURE <u>Ether Rudloff</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10/10/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K-P Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Miller Funeral Home, Farmington, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 10-1961</u>	
26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul H. Royal

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.