

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047415

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 621

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 21 1962

1. PLACE OF DEATH a. COUNTY Jasper		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 Joplin		Length of stay in 1b 64 yrs	c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1501 Murphy Avenue Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) WILLIAM MACKINDER, Sr.			4. DATE OF DEATH Month December Day 8 Year 1962		
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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 2-20-1896	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Superintendant	10b. KIND OF BUSINESS OR INDUSTRY Joplin Cement Co.	11. BIRTHPLACE (City and state or country) Syracuse, N. Y.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Flossie Mackinder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Joplin, Mo. Mrs. Flossie Mackinder, 1501 Murphy Ave.
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18. CAUSE OF DEATH (Enter only one cause per line f. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immediate cause of death was probably acute cardiac arrest associated with paroxysm of coughing, with severe cold. DUE TO (b) Cold (Patient was dead when seen first by undersigned and I was unable to obtain autopsy permit) DUE TO (c) and I was unable to obtain autopsy permit		INTERVAL BETWEEN ONSET AND DEATH Few minutes 10 days
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 6:30 a.m. P. m. M.	Month, Day, Year 12-8-62
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) (This illness)	20f. CITY, TOWN, OR LOCATION Joplin, Mo.	COUNTY Joplin	STATE Mo.
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21. I attended the deceased from **12-8-62** to **12-8-62** and last saw ^{her} him alive on **12-8-62** and last saw patient **alive in 1958.**
Death occurred at **6:30 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>W. H. DeTar</i>	(Degree or title) M.D.	22b. ADDRESS DeTar Clinic, 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 12-10-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-1962	23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	23d. LOCATION (City, town, or county) Joplin, Mo.
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24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-14-1962	26. REGISTRAR'S SIGNATURE <i>Doore Merriam</i>
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VS 300 Rev. 4/59
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20499
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JAN 4 1963

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 DAVID DILLON, JR., Student Embalmer No. 679

working under my personal supervision.

Student David Dillon, Jr.
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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.