

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 528

- DO NOT WRITE ON THIS STUB
- 9. 1
 - 10a. 88
 - 10b. 02
 - 11. 0
 - 12. 2
 - 13. 4369
 - 14. 4
 - 15. 4
 - 16. 2
 - 17. 2
 - 18. 2
 - 19. CREDITS
 - 20. 1-0

VS 300
Rev. 1/70

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

| | | | | | | | |
|--|--|--|--------------|---|----------------------------------|---|---|
| DECEASED—NAME | | FIRST | MIDDLE | LAST | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. <u>MAGGIE BELLE MCCLINTOCK</u> | | | | | <u>FEMALE</u> | <u>DEC. 31/1969</u> | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR | UNDER 1 DAY | DATE OF BIRTH (MONTH, DAY, YEAR) | | COUNTY OF DEATH |
| 4. <u>WHITE</u> | | 5a. <u>88</u> | MOS. | DAYS | HOURS | MIN. | <u>ST. FRANCOIS</u> |
| CITY, TOWN, OR LOCATION OF DEATH | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | |
| 7a. <u>FARMINGTON rural</u> | | 7b. <u>No</u> | | <u>MINERAL AREA OSTEOPATHIC HOSPITAL</u> | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. <u>MISSOURI</u> | | 9. <u>USA</u> | | 10. <u>WIDOW</u> | | 11. | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12. | | 13a. <u>HOUSEWIFE</u> | | 13b. <u>HOUSEKEEPING</u> | | | |
| RESIDENCE—STATE | | COUNTY | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 14a. <u>Mo.</u> | | <u>ST. FRANCOIS</u> | | <u>FARMINGTON</u> | | 14d. <u>NO Rt. # 3</u> | |
| FATHER—NAME | | FIRST | MIDDLE | LAST | MOTHER—MAIDEN NAME | | FIRST MIDDLE LAST |
| 15. <u>ARCH</u> | | | | <u>AGNEW</u> | 16. <u>JENNIE</u> | | <u>BRADLEY</u> |
| INFORMANT—NAME | | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | |
| 17a. <u>FORREST MCCLINTOCK</u> | | | | 17b. <u>FARMINGTON Mo. Rt. # 2</u> | | | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. IMMEDIATE CAUSE | | (a) <u>Myocardial Failure</u> | | | | <u>Sudden</u> | |
| DUE TO, OR AS A CONSEQUENCE OF: | | <u>CVA</u> | | | | <u>4 days</u> | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST | | (b) <u>Due to Arteriosclerosis</u> | | | | <u>Unknown</u> | |
| (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES OR NO) | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 19. <u>Accident, suicide, homicide, or undetermined (specify)</u> | | | | | | 19a. <u>No</u> | 19b. |
| DATE OF INJURY (MONTH, DAY, YEAR) | | HOUR | | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 20a. | | 20b. | | 20c. | | 20d. | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS | |
| 20e. | | 20f. | | 20g. | | 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | |
| CERTIFICATION—PHYSICIAN: # | | MONTH DAY YEAR | | MONTH DAY YEAR | | AND LAST SAW HIM/HER ALIVE ON | |
| 21a. <u>Dec. 15, 1969</u> | | <u>Dec. 31, 1969</u> | | <u>Dec. 30, 1969</u> | | 21c. <u>Didnot</u> | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | HOUR OF DEATH | | THE DECEDENT WAS PRONOUNCED DEAD | | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. | |
| 22a. | | 22b. | | 22c. | | 22d. | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | | DEGREE OR TITLE | | DATE SIGNED (MONTH, DAY, YEAR) | |
| 23a. <u>L. M. Stanfield, D.O.</u> | | 23b. <u>L.M. Stanfield</u> | | 23c. <u>DO</u> | | 23d. <u>12-31-69</u> | |
| MAILING ADDRESS—CERTIFIER | | CITY OR TOWN | | STATE | | ZIP | |
| 23a. | | 23b. | | 23c. | | 23d. | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION | | CITY OR TOWN STATE | |
| 24a. <u>BURIAL</u> | | 24b. <u>MCCLINTOCK CEMETERY</u> | | <u>STE. GENEVIEVE COUNTY</u> | | | |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 24a. <u>1/3/70</u> | | 24b. <u>GOZEAN FUNERAL HOME FARMINGTON Mo. 63640</u> | | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | | |
| 25a. <u>C.A. Cozear</u> | | 25b. <u>Catherine Mathews</u> | | 25c. <u>Jan. 2, 1970</u> | | | |

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 16 1970

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 Robin E. Cozear

Licensed Embalmer No. 5465

P. O. Address Farmington, 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.

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