

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14750

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. LENGTH OF STAY (in this place) OR TOWN <u>LIFE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>718 S. Clark Mexico Mo</u>		d. STREET ADDRESS (If rural, give location) <u>718 S CLARK</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>A</u> c. (Last) <u>McINTYRE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May-17-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-3-1904</u>
9. AGE (In years last birthday) <u>45</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETAIL CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Liquor</u>	
11. BIRTHPLACE (State or foreign country) <u>MEXICO Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LEWIS McINTYRE</u>		13b. MOTHER'S MAIDEN NAME <u>NONA SULLIVAN</u>	
14. NAME OF HUSBAND OR WIFE <u>HELEN HANKINS McIntyre</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas McIntyre</u> ADDRESS <u>Mexico Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). * This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inquest, shot gun wound in head.</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gun held in the hands of the deceased and discharged by self</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>with suicide intent while of unsound mind.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>suicide</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>May 17 1949 3:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>self inflicted</u>		21g. _____ <u>E976X</u>	
22. I hereby certify that I attended the deceased from <u>Coroner V. East</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. C. Adams, M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Mexico Mo</u>	
23c. DATE SIGNED <u>5-18-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>5-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elwood</u>	
24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u> ADDRESS <u>Clarksburg, Mexico</u>	
DATE REC'D BY LOCAL REGISTRAR <u>May 19-1949</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 5-49

Date Filed MAY 23 1949

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
Student Embalmer

Signed Charles A. [Signature]

Licensed Embalmer No. 3569

P. O. Address Mexico

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 this body is not embalmed, fact should be so stated above.