

FILED AUG 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27665

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 66-

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Platte</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DEARBORN Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dearborn Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>L I</b>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILSON</b> b. (Middle) <b>RALPH</b> c. (Last) <b>MCINTURE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 3 49</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
		<b>WIDOWED</b>		8. DATE OF BIRTH <b>8-18-87</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <b>61</b>	
11. BIRTHPLACE (State or foreign country) <b>PLATTE MO. MO. D.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		

13a. FATHER'S NAME <b>WILLIAM MCINTURE</b>		13b. MOTHER'S MAIDEN NAME <b>ANNIE STAFFORD</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MYRTLE CURTIS</b> ADDRESS <b>Dearborn</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Metabolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>260X</b>	

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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>S. Durham M.D.</b> (Degree or title)		23b. ADDRESS <b>Dearborn Mo.</b>		23c. DATE SIGNED <b>7-4-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-5-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dearborn Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>8-27-49</b>		REGISTRAR'S SIGNATURE <b>Ophelia Rollins</b>		24d. LOCATION (City, town, or county) (State) <b>Dearborn Mo.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wang - Purfano</b>		ADDRESS <b>Dearborn Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

8B  
20  
P

RECEIVED AUG 30  
District Health Officer No. 8,

District File Number.....

Date Filed 8-30-49

AUG 31 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 W. P. Vaughn

Licensed Embalmer No. 2023

P. O. Address Weston, 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 this body is not embalmed, fact should be so stated above.