

FILED JAN 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 260

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0117	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 1723 Francis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) Minnie	b. (Middle) Jane	c. (Last) McIntosh	Jan. 11, 1950					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Mar. 6, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 5	IF UNDER 1 YEAR Hours 	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Alfred McIntost		13b. MOTHER'S MAIDEN NAME Mary A. Rhoades		14. NAME OF HUSBAND OR WIFE John McIntosh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Clark O. McIntost, St. Joseph, Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis				4:20	
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Myocardial Infarction.</p> <p>DUE TO (c) Hypertensive Cardiovascular Disease</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					

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) (Min.)		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 **March 31, 1949**, to **Jan 11, 1950**, that I last saw the deceased alive on **Jan 10, 1950**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis B. Hendrick, M.D.		23b. ADDRESS St. Joseph Mo. 702 Edmond Street		23c. DATE SIGNED 1-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/13/1950		24c. NAME OF CEMETERY OR CREMATORY Ashland	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Heater Bowman		24f. ADDRESS Funeral Home, St. Joseph, Mo.	
DATE REC'D BY LOCAL REG. Jan. 14, 1950		REGISTRAR'S SIGNATURE E. C. Jenkins		382	

(Licensed Embalmer's Statement on Reverse Side)

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

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

William G. Gledhill

Licensed Embalmer No. 4535

P. O. Address 314 S. 10th St. S. Fargo, N.D.

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.