

FILED FEB 24 1950

STANDARD CERTIFICATE OF DEATH

6487
State File No. 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Alltimer b. ADOLY ARK.	
c. LENGTH OF STAY (in this place) 6 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alltimer ARK	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer Phillips Hospital		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) Dave	b. (Middle)	c. (Last) McIntyre	(Month) (Day) (Year) Feb. 10 1950
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17. 1892
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTHPLACE (State or foreign country) ARK.
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Edw. McIntyre	
14. MOTHER'S MAIDEN NAME Sarah		15. NAME OF HUSBAND OR WIFE Icerean McIntyre	

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Icerean McIntire, Alltimer, ARK.		ADDRESS ARK.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma Left Main		Stem Bronchus		Undet.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paroxysmal Auricular Tachycardia			

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) 162X	
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 **1-13**, 19**50**, to **2-10**, 19**50**, that I last saw the deceased alive on **2-10**, 19**50**, and that death occurred at **6:10a** m., from the causes and on the date stated above.

23a. SIGNATURE James J. Hedrick		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 12. 1950		24c. NAME OF CEMETERY OR CREMATORY Pine Bluff, ARK	
24d. LOCATION (City, town, or county) (State) Pine Bluff, Ark		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. FEB 11 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Watson		ADDRESS 2769 Chouteau	
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J J Skatons

Signed.....
Student Embalmer

Licensed Embalmer No.....

2698

P. O. Address.....

2769 Charlotte

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.