

FILED MAR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7855

0130

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nettleton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nettleton	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home on Hi Way 36		d. STREET ADDRESS (If rural, give location) No street address	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Homer c. (Last) McIntosh			4. DATE OF DEATH (Month) (Day) (Year) March 7 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH July 6 1898		9. AGE (In years last birthday) 51
10. USUAL OCCUPATION (Give kind of work on duty at most of working life, even if retired) Railroad		11. KIND OF BUSINESS OR INDUSTRY Railway Work		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Aaron Hensley, M <sup>c</sup> Intosh		13b. MOTHER'S MAIDEN NAME Jeanette E. Cochell		14. NAME OF HUSBAND OR WIFE Sylvia Virginia M <sup>c</sup> Intosh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) No		16. SOCIAL SECURITY NO. 708-14-2409		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sylvia M <sup>c</sup> Intosh Nettleton Mo	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by shot-gun wound in right portion of forehead.  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Despondency due to poor health  DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH  E976A	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nettleton, Caldwell Co. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 7, 1950 A.M.		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 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. B. Cleveland, Lecturer, Brown University		23b. ADDRESS Kingston Mo.		23c. DATE SIGNED 3-7-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-9-1950		24c. NAME OF CEMETERY OR CREMATORY Rose Hill	
				24d. LOCATION (City, town, or county) (State) Brookside Mo	

DATE REC'D BY LOCAL REG. 3-16-50		REGISTRAR'S SIGNATURE Mrs. Nell B. Jantle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hamilton Mo	
----------------------------------	--	---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 24 1950



**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 Morris B. Bram

Licensed Embalmer No. 3918

P. O. Address Hamlet, 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.