

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1950

State File No. 30547

3660

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HARRISON		
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 10 DAYS	c. CITY OR TOWN RIDGEWAY		0410
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL			d. STREET ADDRESS (If rural, give location) GENERAL DEL.		
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) EURGENE c. (Last) MCINTOSH			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 25 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JULY 15, 1940	9. AGE (In years last birthday) 10	If under 1 year: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY SCHOOL	11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM MCINTOSH		13b. MOTHER'S MAIDEN NAME FAYE SAMUELS		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME WILLIAM MCINTOSH ADDRESS RIDGEWAY, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Compound-Communited skull fracture II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme loss of blood.				INTERVAL BETWEEN ONSET AND DEATH 6 hrs 30 hrs 89120
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION Laceration of right lateral sinus Laceration of dura; protrusion of brain tissue				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm-Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ridgeway Harrison MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-24-50	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? struck by crank used to lift elevator			
22. I hereby certify that I attended the deceased from 10:00 PM 8-24, 1950 , to 18-25, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE T. T. Mc Grath (Degree or title) DO			23b. ADDRESS Osteopathic Hospital		23c. DATE SIGNED 8-26-50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE AUG. 26 1950	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) BETHANY, MISSOURI		
DATE REC'D BY LOCAL REG. 8-27-50	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 1331 BAUSH CREEK RD. KANSAS CITY, MO.		

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

Dr. Thomas M^cGrath
412 So. Gladstone Blvd.

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 Albert L. Savage

Signed.....
Student Embalmer

Licensed Embalmer No. 4812

P. O. Address T.C. 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.