

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15592

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia Mo.		c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hallsville 0100			
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) August Francis Kintz			a. (First)			b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) June 1 1951			c. (Last)				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1883 July 10 1958	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Days 21		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kaskia Illinois /	
12. CITIZEN OF WHAT COUNTRY?							
13a. FATHER'S NAME Frank Kintz			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Margaret	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital Record by brother			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated duodenal ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe shock. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 45 hrs	
19a. DATE OF OPERATION May 31, 1951		19b. MAJOR FINDINGS OF OPERATION Perforated duodenal ulcer				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (STATE) 5411			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 May 31, 1951, to June 1, 1951, that I last saw the deceased alive on June 1, 1951, and that death occurred at 5 P. M., from the causes and on the date stated above.							
23a. SIGNATURE James M. Baker MD				23b. ADDRESS Columbia Mo		23c. DATE SIGNED June 1, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 1-1951		24c. NAME OF CEMETERY OR CREMATORY St. Louis		24d. LOCATION (City, town, or county) (State) Mo.	
DATE REC'D BY LOCAL REG. June 1 1951		REGISTRAR'S SIGNATURE Mrs R E Palmer 31		FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service Inc ADDRESS Columbia Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

05
0

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 6-5-51

1951 9-10-51

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. 429

Signed Joseph W. Phillips
Student Embalmer

Signed Charles L. Luning

Licensed Embalmer No. 4132

P. O. Address Columbia, Md

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.