

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21948
Registrar's No. 102

FILED JUL 23 1951

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u>	
c. LENGTH OF STAY (In this place) <u>5 WIC</u>		d. STREET ADDRESS (If rural, give location) <u>203 East BOLIVAR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain Co. Hospital</u>			
3. NAME OF DECEASED a. (First) <u>NONA</u> b. (Middle) _____ c. (Last) <u>MCINTYRE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 6-1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JULY 10-1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>LOGAN, INDIANA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>ANDREW SULLIVAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BURKE</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>MARY MCINTYRE</u> ADDRESS <u>MEXICO, MO.</u>
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) <u>Acute Coronary Thrombosis - Ventricular Fibrillation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive Cor Arteriosclerotic Disease</u> DUE TO (c) <u>Chronic Degenerative Pyelonephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture right leg</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>June 10-51</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 10-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Impacted on rug - fell on floor.</u>	
22. I hereby certify that I attended the deceased from <u>June 10</u> , 19 <u>51</u> , to <u>9-6</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>51</u> , and that death occurred at <u>8:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Tary J. O'Brien M.D.</u>		23b. ADDRESS <u>Mexico Missouri</u>	23c. DATE SIGNED <u>7-9-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CATHOLIC Cem</u>	24d. LOCATION (City, town, or county) (State) <u>MEXICO, MO.</u>
DATE REC'D BY LOCAL REG. <u>July 9-1951</u>	REGISTRAR'S SIGNATURE <u>Blanche Keely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u> ADDRESS <u>Mexico</u>	

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Date Received: JUL 16 1951
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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 4825

P. O. Address Mexico

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.