

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23557**

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>	
c. LENGTH OF STAY (in this place) <u>74 days</u>		d. STREET ADDRESS (If rural, give location) <u>419 Washington Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>JAMES McINTYRE</u>			4. DATE OF DEATH <u>July 1 1951</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <u>Male</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>			8. DATE OF BIRTH <u>December 23, 1865</u>		
9. AGE (In years last birthday) <u>85</u>			IF UNDER 1 YEAR Months	IF UNDER 2 WEEKS Days	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer; Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		
11. BIRTHPLACE (State or foreign country) <u>Ireland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John McIntyre</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Metzger</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Annie McIntyre</u> ADDRESS <u>Lexington, Missouri</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-18-51</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiovascular renal disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 18, 1951, to July 1, 1951, that I last saw the deceased alive on July 1, 1951, and that death occurred at 9:00p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ben H. Beach</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Lexington, Missouri</u>	23c. DATE SIGNED <u>7-6-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 16 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. E. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>...</u> ADDRESS <u>...</u>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-24-51

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 \_\_\_\_\_

*Thomas Sherson*

Student Embalmer No. 427

working under my personal supervision.

Signed *Thomas Sherson*  
Student Embalmer

Signed

*L. W. McKeon*

Licensed Embalmer No. 2983

P. O. Address *Leighton, Mass*

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.