

STANDARD CERTIFICATE OF DEATH

1060

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

BIRTH <u>DEC 2 1951</u>		REG. DIST. NO. <u>352</u>	PRIMARY REG. DIST. NO. <u>4517</u>	Registrar's No. <u>85</u>
1. PLACE OF DEATH a. COUNTY <u>Spring Valley</u>		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>		
b. CITY OR TOWN <u>Branson</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>West Cloud Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1060</u>		
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First)	b. (Middle) <u>McINTOSH</u>	c. (Last)
4. DATE OF DEATH <u>Dec 9 1951</u>		5. SEX <u>M</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>4/30/78</u>
9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>
11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>ANGUS McINTOSH</u>		13b. MOTHER'S MAIDEN NAME <u>WELLS</u>		14. NAME OF HUSBAND OR WIFE <u>EMMA McINTOSH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>602X</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Arthur Hansen</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive</u> DUE TO (c) <u>602X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Large calcification</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Large stone, Hypertensive</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Franklin Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>
22. I hereby certify that I attended the deceased from <u>May 24 1951</u> , to <u>Dec 9 1951</u> , that I last saw the deceased alive on <u>Dec 9 1951</u> , and that death occurred at <u>4:40</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE OF EMBALMER <u>[Signature]</u> (Degree, or title)		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Red. Cloud</u>
24d. LOCATION (City, town, or county) (State) <u>Red. Cloud, Neb.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>T. B. Chaffin Ozark, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 10-1951</u>		REGISTRAR'S SIGNATURE <u>J. E. Copwell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS

DEPARTMENT OF HEALTH OF MO.
No. 5 - Springfield
DEC 17 1951
12-21-3148
Date Recd 12-18-51

DEC 28 1951

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.....
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Oran, 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.