

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23948**

FILED AUG 7 1952

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 5287 Registrar's No. 108

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Fishing River</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, FISHING RIVER</u>	
c. LENGTH OF STAY (In this place) <u>18 years</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles West, Ex Spgs. HY 69</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. I Exclusion Springs, Mo.</u>			

3. NAME OF DECEASED (Type or Print) BERTIE MAY McINTIRE			4. DATE OF DEATH (Month) (Day) (Year) JULY 26, 1952		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 15, 1884</u>	9. AGE (In years last birthday) <u>68</u>	10 UNDER 1 YEAR <u>3</u>	11 UNDER 1 HR. <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rural, Monticello, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Samuel D. Foster</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Eads</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Bryant McIntire</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard B. McIntire, RR I, Ex Spgs</u>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				
			DUE TO (b) <u>Arterio-sclerotic Heart Disease</u>			<u>10 yrs.</u>	
			DUE TO (c) <u>a Auricular fibrillation</u>			<u>3 yrs.</u>	
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 Oct. 6, 1949, to July 26, 1952, that I last saw the deceased alive on July 24, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. O. Schroeder, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>7/27/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 28/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7/28/52</u>		REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope & Ernest Hope</u>		ADDRESS <u>Ex Spgs, Mo.</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, 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.