

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23981**
Registrar's No. **181**

FILED AUG 1 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

264
0

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MORGANAU	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Mill Creek 0710	
c. LENGTH OF STAY (In this place) 3 hrs		d. STREET ADDRESS (If rural, give location) 1 mile . South, Fortuna	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Edward c. (Last) Mc Intyre			4. DATE OF DEATH (Month) (Day) (Year) July, 25, 1952		
---	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August, 29, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hour Min.
--------------------	-------------------------------	---	--	---	-----------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Worth County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME James Mc Intyre	13b. MOTHER'S MAIDEN NAME Sarah Skinner	14. NAME OF HUSBAND OR WIFE Audrey Mc Intyre
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 18-24-1629	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Audrey Mc Intyre, Fortuna, Mo
---	---	---

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 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced arteriosclerosis DUE TO (c) Previous myocardial infarct		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous myocardial infarct		4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **July, 1952**, to **July, 1952**, that I last saw the deceased alive on **July 25, 1952**, and that death occurred at **11: P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn MD (Degree or title)	23b. ADDRESS Waverly Mo.	23c. DATE SIGNED 7-26-52
--	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July, 25, 1952	24c. NAME OF CEMETERY OR CREMATORY Tipton	24d. LOCATION (City, town, or county) (State) Tipton, Missouri
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. July 26-52	REGISTRAR'S SIGNATURE R. P. Davis MD	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jewell E. Richards Tipton, Mo
--	---	---

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 _____

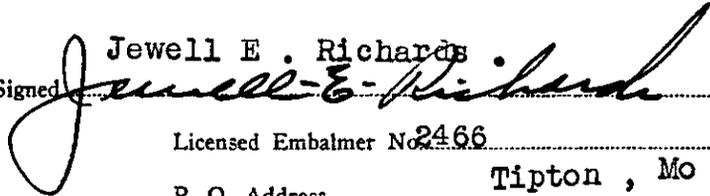
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jewell E. Richards



Licensed Embalmer No. 2466

P. O. Address Tipton, 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.