No. 300
10.48

FILED SEP 23 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 31654

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 173

**1. PLACE OF DEATH**
a. COUNTY: Iron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron Twsp.
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles west of Belleview

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Iron Twsp. 0470
d. STREET ADDRESS (If rural, give location): 4 miles west of Belleview

**3. NAME OF DECEASED** (Type or Print)
a. (First): LEE b. (Middle): ROY c. (Last): McINTYRE

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 6 1953

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: July 8 1896
**9. AGE** (In years last birthday): 57 — If under 1 year: Months: 1 Days: 28 — If under 24 hrs.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): Belleview Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Albert Lewis McIntyre
**13b. MOTHER'S MAIDEN NAME**: Missouri Ann Randolph
**14. NAME OF HUSBAND OR WIFE**: Sarah McIntyre

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: no
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: William McIntyre, Banner 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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 9 mo

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**: 157X
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 12-19, 1952, *to* 9-6, 1953 *that I last saw the deceased alive on* 8-2, 1953, *and that death occurred at* 4.00A *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: Dr Duckworth (Degree or title): MD
**23b. ADDRESS**: Desloge
**23c. DATE SIGNED**: Sept 14-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: 9-7-53
**24c. NAME OF CEMETERY OR CREMATORY**: Presbyterian Cemetery
**24d. LOCATION** (City, town, or county) (State): Caledonia Missouri

**DATE REC'D BY LOCAL REG.**: Sept 16-1953
**REGISTRAR'S SIGNATURE**: Mrs Elizabeth Logan 179-0
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: White Funeral Home, Ironton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 _____

Licensed Embalmer No. 3012

P. O. Address _____

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.