

FILED JUL 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23738

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 5788		Registrar's No. 30			
1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission) a. COUNTY Ohio River				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois				b. COUNTY Pulaski	
b. CITY OR TOWN Mound City, Ill		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Mound City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 422 N. Main				87208	
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) S.			c. (Last) McIntire			
4. DATE OF DEATH June 21, 1954			5. SEX male			6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married			8. DATE OF BIRTH Mar. 28, 1918			9. AGE (In years last birthday) 36			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier			10b. KIND OF BUSINESS OR INDUSTRY Army			11. BIRTHPLACE (City and State or Foreign Country) Grand Chain, Ill			
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Stanton McIntire			13b. MOTHER'S MAIDEN NAME Margie Eaves			
14. NAME OF HUSBAND OR WIFE			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. IN 2			
17. INFORMANT'S SIGNATURE OR NAME Stanton McIntire			ADDRESS Mound City			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
19. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 834			
21d. TIME OF INJURY			21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? attended as coroner			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23. SIGNATURE Travis Shelby			23b. ADDRESS (Degree or title) Coroner 3 East Prairie, Mo.			23c. DATE SIGNED 6-30-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			24b. DATE June 25, 1954			24c. NAME OF CEMETERY OR CREMATORY National			
24d. LOCATION (City, town, or county) Mound City			24e. (State) Illinois			DATE REC'D BY LOCAL REG. 7-23-54			
REGISTRAR'S SIGNATURE Gertrude L. Karper			25. FUNERAL DIRECTOR'S SIGNATURE Carl Walstat			ADDRESS Mound City, Ill			

(Licensed Embalmer's Statement on Reverse Side)

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

To record cert. Illinois use reg. 670

JUL 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 7-27-54

AUG 5 1954

JUL 29 1954

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, Carl W Alstat....., Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Carl W Alstat.....

Licensed Embalmer No. Jll. F-49

P. O. Address Mound City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.