

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

28005

State File No. ....

*B. FILED* SEP 2 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Carthage</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Carthage</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hosp.</b>		STREET ADDRESS (If rural, give location) <b>910 Howard</b>	
3. NAME OF DECEASED a. (First) <b>Lorena</b>		b. (Middle) <b>Susan</b>	c. (Last) <b>Mc Intyre</b>
4. DATE OF DEATH <b>August 27, 1954</b>		5. SEX <b>Female</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct. 6, 1872</b>		9. AGE (In years last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Tsaac Cattlett</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Horbaugh</b>	
14. NAME OF HUSBAND OR WIFE <b>Ira Mc Intyre</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Alexander, Carthage, Mo.</b>	
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) <b>Coronary Thrombosis, Acute</b> INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</b> 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 <b>4301</b>	
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)		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 <u>10-1</u> , 19 <u>51</u> , to <u>8-27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>8-27</u> , 19 <u>54</u> , and that death occurred at <u>12:55 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Louis H. Prime</b>		23b. ADDRESS <b>M. D. Carthage, Mo.</b>	
23c. DATE SIGNED <b>8-28-54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8-29-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PLEASANT VIEW</b>	
24d. LOCATION (City, town, or county) (State) <b>JASPER MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>E. M. Clifton</b>	
25. ADDRESS <b>117mer Funeral Home, Carthage, Mo.</b>		DATE REC'D BY LOCAL REG. <b>8-28-54</b>	

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

RECEIVED SEP 1 19  
Jasper County Health Off  
County File Number 54-9-  
Date Filed SEP 1 19

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.....  
Signature of Student Embalmer

Signed William S. Cantrell

Licensed Embalmer No. 40

P. O. Address Bartholomew

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.