

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30222

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5427		Registrar's No. 172	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Deerfield		c. LENGTH OF STAY (In this place) 20 yrs		a. STATE MO		b. COUNTY Deerfield	
b. CITY (If outside corporate limits, write RURAL and give town) Independence		d. FULL NAME OF HOSPITAL OR INSTITUTION Rural # 2		c. CITY OR TOWN Kennett		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED				4. DATE OF DEATH		5. SEX	
a. (First) William Henry		b. (Middle) McIntire		c. (Last) McIntire		6. DATE OF DEATH Sept 16-1954	
(Type or Print)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH April 4-1877		9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min.	
male		White		77		5 12	
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo. U.S.A.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marvin R. McIntire		13b. MOTHER'S MAIDEN NAME Mary Couslin		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME W.M. DeWitt Kennett	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Intestinal Obstruction		48 hrs.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer Colon DUE TO (c)		Approx 1 yr.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION 153 X				21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT, SUICIDE, HOMICIDE				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21d. TIME OF INJURY				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 1954, to Sept 16, 1954, that I last saw the deceased alive on Sept 16, 1954, and that death occurred at 11:00 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James O. Juzzee M.D.				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 9-20-54	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 9-17-54		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett, Mo.	
DATE REC'D BY LOCAL REG. 9-20-54		REGISTRAR'S SIGNATURE Carl Husband		GENERAL DIRECTOR'S SIGNATURE Lutz Service		ADDRESS Kennett, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

0352

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 10-5-54

COUNTY FILE NUMBER 1054-2

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 *Edgar Lee Fox*

Licensed Embalmer No. 44

P. O. Address *Kennel*

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.