No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31334

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5846 Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give correct name) Lincoln Twn Rural
c. LENGTH OF STAY (In this place) 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location) Rural Near Blanchrd, Iowa

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) Melvina
c. (Last) McIntosh

4. DATE OF DEATH (Month) (Day) (Year) Sept- 25-1954

5. SEX Female
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March-24-1885
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Gen Housework
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Henry Crawford
13b. MOTHER'S MAIDEN NAME Elizabeth Amelia Sholf
14. NAME OF HUSBAND OR WIFE Jack McIntosh

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. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Ray Slough ADDRESS Blanchard, Ia

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitis of deep leg vessels — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Left pleural effusion — 42 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 463 X
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* August 14, *19* 54, *to* Sept 25, *19* 54, *that I last saw the deceased alive on* Sept 25, *19* 54, *and that death occurred at* 3:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald M. Hayes, D.O. (Degree or title)
23b. ADDRESS Elmo, Missouri
23c. DATE SIGNED Sept 27 '54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Sept-27th
24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) (State) College Springs, Iowa

DATE REC'D BY LOCAL REG. 10-2-54
REGISTRAR'S SIGNATURE Bess Holt
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS Westboro, 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 emba

by me, or by Ashley R Tucker, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ashley R Tuc

Licensed Embalmer No. 4757

P. O. Address Westboro, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.