

71542-54 THE DIVISION OF HEALTH OF MISSOURI
FILED JAN 20 1955 STANDARD CERTIFICATE OF DEATH

State File No. 43302
6033

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH (Childrens Mercy Hospital) a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 26 days		c. CITY OR TOWN Elmo		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital of institution, give street address or location) Hospital or Institution Childrens Mercy Hospital				e. STREET ADDRESS (If rural, give location) # R. 2 0740			
3. NAME OF DECEASED (Type or Print) a. (First) Larry Wayne b. (Middle) W c. (Last) Intyre			4. DATE OF DEATH 12-29-54		5. SEX Male		6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) None		8. DATE OF BIRTH Oct. 30-1954		9. AGE (In years last birthday) 1 29		10. IF UNDER 1 YEAR IF UNDER 2 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Kenneth W Intyre		13b. MOTHER'S MAIDEN NAME Barbara Neff		14. NAME OF HUSBAND OR WIFE Kenneth W Intyre			
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 AND ADDRESS Kenneth W Intyre Elmo, Mo. # R2			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extreme malnutrition Diabetes (m.m.o.) 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.				INTERVAL BETWEEN ONSET AND DEATH 5710	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 12-3-1954 to 12-29-1954, that I last saw the deceased alive on 12-29-54, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Wayne Hart (Degree or title)				23b. ADDRESS W. Hart 810 W. Independence Ave. Kansas City, Mo.		23c. DATE SIGNED 12-29-54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12/29/54		24c. NAME OF CEMETERY OR CREMATORY High Prairie		24d. LOCATION (City, town, or county) (State) Elmo, Missouri	
DATE REC'D BY LOCAL REG. 1-1-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Price Funeral Home, Maryville, Mo.			

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.....
Signature of Student Embalmer

Signed *John W. Price*

Licensed Embalmer No. *438*

P. O. Address *Maryville*

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.