

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29776**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3979**

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City | c. LENGTH OF STAY (In this place) 60 yrs | c. CITY OR TOWN Kansas 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 Home 3006 Chestnut | | 38 STREET ADDRESS (If rural, give location) 3006 Chestnut 338^o | |

| | | | | | |
|--|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) CYRUS b. (Middle) _____ c. (Last) McIntyre | | | 4. DATE OF DEATH (Month) (Day) (Year) 9-10-55 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-5-1874 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 14 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broom Maker | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) Mexico, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

| | | |
|---|---|--|
| 13a. FATHER'S NAME MARVIN McINTYRE | 13b. MOTHER'S MAIDEN NAME VIRGINIA EARLY | 14. NAME OF HUSBAND OR WIFE MARY McINTYRE |
|---|---|--|

| | | |
|--|--|---|
| 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. 486-07-8563-A | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Fuller 3006 Chestnut |
|--|--|---|

| | | | |
|--|---|--|----------------------------------|
| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Occlusion | | |
| | 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. | | 4201 |

| | | |
|---|--|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural | 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 _____, 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.

| | | |
|---|--|---|
| 23a. SIGNATURE Hugh H. Owens (Degree or title) 3 | 23b. ADDRESS 1034 Dixie Blvd | 23c. DATE SIGNED 9-10-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 9-12-55 | 24c. NAME OF CEMETERY OR CREMATORY Greenlawn |
| DATE REC'D BY LOCAL REG 9-11-55 | REGISTRAR'S SIGNATURE Neal Marshall | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar 1800 E. Linwood | | |

(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 embalmed by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur Eugene Hook*.....

Licensed Embalmer No. *491*

P. O. Address *N.C. 72*

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.