

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 22 1957

16326

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 354

Health, Welfare
Public Service

300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | | | |
|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | | | 2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Poplar Bluff</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>444 Bartlett</u> | | | | Length of stay in lb <u>63 yrs.</u> | | d. STREET (If outside, give location) ADDRESS <u>444 Bartlett St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Nathan</u> Middle <u>Figleaf</u> Last <u>McIntosh</u> | | | | 4. DATE OF DEATH Month <u>4</u> Day <u>29</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Negro</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Nov. 10, 1853</u> | |
| 9. AGE (In years last birthday) <u>103</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restarant&Realty</u> | | 11. BIRTHPLACE (City and state or country) <u>State of Alabama</u> | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME <u>William McIntosh</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Emily Unkown</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT Address <u>Lena McIntosh, Poplar Bluff, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>unbr</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____ | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>Apr 28, 57</u> to <u>Apr 29, 57</u> and last saw <u>her</u> alive on <u>Apr 29, 57</u> . Death occurred at <u>7:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>John S Sample M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Poplar Bluff</u> | | 22c. DATE SIGNED <u>1 May 57</u> | |
| 23a. BURIAL, CREMATION, REBURNAL (Specify) | | 23b. DATE <u>5-4-1957</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>City</u> | | 23d. LOCATION (City, town or county) (State) <u>Poplar Bluff, Mo.</u> | |
| 24. FUNERAL DIRECTOR <u>Fred J. Smith, Director Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>5-15-1957</u> | | 26. REGISTRAR'S SIGNATURE <u>RH M... tree</u> | |

RECEIVED

MAY 20 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Frank J. Smith

Licensed Embalmer No. 440

P. O. Address Director

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.