Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-031494
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 99

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY: Sullivan | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Sullivan |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Milan — Inside Limits Yes ☑ No ☐ | c. CITY OR TOWN: Cora 1050 — Inside Limits Yes ☑ No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b | d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑ |

3. NAME OF DECEASED (Type or print): First Frank Middle Last McIntosh

4. DATE OF DEATH: Month 9 Day 8 Year 1958

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 12-31-1892

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 8 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Patterson N.J. 1

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Wm McIntosh

13b. MOTHER'S MAIDEN NAME: 1

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Haskel Spencer Address: Cora Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): coronary Thrombus — INTERVAL BETWEEN ONSET AND DEATH: instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

DUE TO (c): 4201

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 ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 —, to — and last saw her/him alive on —

Death occurred at 5:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E W Simpson D.O. coroner

22b. ADDRESS: Milan

22c. DATE SIGNED: 9-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-10-58

23c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem

23d. LOCATION (City, town, or county) (State): Milan Mo

24. FUNERAL DIRECTOR: Schoene Dwight Schoene — ADDRESS: Milan Mo

25. DATE RECD. BY LOCAL REG.: 9-10-58

26. REGISTRAR'S SIGNATURE: Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 29 1958

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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Nelson - Neb.

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.