Health, & Welfare Public Service

S. 300
1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035553
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1088

REG OCT 20 1958

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hosp. #2 — Length of stay in 1b: 2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3178 714 Wabash — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ARCHIE Middle: J. Last: McINTYRE

4. DATE OF DEATH: Month, Day, Year: October 9, 1958

5. SEX: Male **6. COLOR OR RACE**: White **7.** MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Nov.14,1891 **9. AGE** (In years last birthday): 66 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): dependent **10b. KIND OF BUSINESS OR INDUSTRY**: none **11. BIRTHPLACE** (City and state or country): Illinois. **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: John McIntyre **13b. MOTHER'S MAIDEN NAME**: Mary Elizabeth Mills **14. NAME OF HUSBAND OR WIFE**: none

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**: Records-State Hospital #2 Address: St.Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4222
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 [X] 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 Oct.7,1958. to Oct. 9, 1958. and last saw ~~her~~ him alive on Oct.9,1958.
Death occurred at 12:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammad Tahir M.D. **22b. ADDRESS**: State Hospital #2, St.Joseph, Mo **22c. DATE SIGNED**: 10-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE**: Oct.15,1958. **23c. NAME OF CEMETERY OR CREMATORY**: Anatomical Board **23d. LOCATION** (City, town, or county) (State): Kirksville, Missouri.

24. FUNERAL DIRECTOR: Meuroffer Eleanor Funeral Home **ADDRESS**: St.Joseph,Mo. **25. DATE RECD. BY LOCAL REG.**: Oct.15,1958 **26. REGISTRAR'S SIGNATURE**: Mor. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mohammad Tahir

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Albert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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.