

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010515

STATE FILE NUMBER

FILED MAR 19 1959

Registration District No.

294

Primary Registration District No.

3056

Registrar's No.

54

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>Polk</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Des Moines</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		Length of stay in 1b <b>3 days</b>	d. STREET ADDRESS (If outside, give location) <b>1149 W. 21st St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>PEARL</b> Middle <b>ESTHER</b> Last <b>Mc INTOSH</b>			4. DATE OF DEATH Month <b>MAR.</b> Day <b>9</b> Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 14, 1895</b>	9. AGE (In years, last birthday) <b>63</b>	IF UNDER 1 YEAR Months Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Wilksburg, Penna.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Theodore Henry Young</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Weise</b>		14. NAME OF HUSBAND OR WIFE <b>Chas. O. McIntosh</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Charles O. McIntosh</b> Address <b>Des Moines, Iowa</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>An acute Anterior coronary Infarction</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Mar 6t</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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.) <b>4001</b>		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Moberly Mo</b>		COUNTY STATE
21. I attended the deceased from <b>March 6th</b> to <b>March 9th</b> and last saw her/him alive on <b>Marh 9th 59</b> Death occurred at <b>1 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Thos. S. Fleming</i> <b>Thos. S. Fleming MD</b> (Degree or title)			22b. ADDRESS <b>Moberly Mo</b>		22c. DATE SIGNED <b>3-10th-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Mar. 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hamilton Funeral Home</b>		23d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa</b>	
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>		ADDRESS <b>Moberly</b>		25. DATE RECD. BY LOCAL REG. <b>3-9-59</b>	REGISTRAR'S SIGNATURE <i>Paul Lowe</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

MAR 19 1959

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 A. Green* .....

Licensed Embalmer No. *3815* .....

P. O. Address *Moberly, 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.