

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010581
State File No.

FILED APR 7 1959

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 87

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. In Residence within limits of a city incorporated, town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>140 Prairie Haute</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>140 Prairie Haute</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Landon</u>	b. (Middle) <u>R.</u>	c. (Last) <u>McIntire</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>April 2, 1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1908</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Physician</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Rolla McIntire</u>	13b. MOTHER'S MAIDEN NAME <u>Noll Landon</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Amann McIntire</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>463-44-9991</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary McIntire</u>	ADDRESS <u>St. Charles, Mo.</u>
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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, asthma, 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) <u>Acute Myocardial Infarction</u>	<u>20 MIN.</u>	
ANTECEDENT CAUSES	DUE TO (b) <u>Acute Coronary Artery Occlusion</u>		<u>20 MIN.</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>YES</u> <input checked="" type="checkbox"/> <u>NO</u> <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from April 2, 1959, to April 2, 1959, that I last saw the deceased alive on April 2, 1959, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Muel L. Kötter</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Charles Mo.</u>	23c. DATE SIGNED <u>4-3-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 4, 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elm Wood Cometary</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 3, 59</u>	REGISTRAR'S SIGNATURE <u>Marecela Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bauc</u>	ADDRESS <u>St. Charles, Mo.</u>
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APR 9 1959

APR 22 1959

MAR 14 1960

APR 9 1959

STATEMENT BY LICENSED EMBALMER

APR 9 1959

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 *David C. Bane*

Licensed Embalmer No. *506*

P. O. Address *St. Charles*

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.