

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-035710**

**FILED VS. OCT 20 1959 109**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 5424 Registrar's No. 44

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>At his home</b> TOWN <b>Campbell, Mo. RT. 1</b>		Length of stay in 1b <b>Life Time</b>		c. CITY OR TOWN <b>Campbell, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rural, Union Twp.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt. 1</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Arvil</b> Middle <b>Arthur</b> Last <b>McIntosh</b>				4. DATE OF DEATH Month <b>October</b> Day <b>5</b> Year <b>1959</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 16, 1910</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Dunklin County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>A. A. McIntosh</b>		13b. MOTHER'S MAIDEN NAME <b>Melissa Grimes</b>		14. NAME OF HUSBAND OR WIFE <b>Nora McIntosh</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Nora McIntosh, Campbell, Mo. Rt. 1</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>Acute Myocardial Failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Lobar Pneumonia - Left Base.</b>				48 hrs.	
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m.		Month, Day, Year					
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>10/5/59</u> to _____ and last saw her/him alive on <u>10/5/59</u> Death occurred at <u>6:15 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Wallace A. Belsky M.D.</b>				22b. ADDRESS <b>Campbell Mo.</b>		22c. DATE SIGNED <b>10/8/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 7, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elder Cemetery</b>		23d. LOCATION (City, town, or county) <b>Campbell, Missouri</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Landess Funeral Home, Campbell, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>10-12-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. G. Campbell</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS OCT 21 1959

NOV 2 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 Charles Partain, Student Embalmer No. 591

working under my personal supervision.

Student Charles Partain  
Signature of Student Embalmer

Signed Christine M. Lunden

Licensed Embalmer No. 4227

P. O. Address Campbell

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.