

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033699

STATE FILE NUMBER

FILED VS SEP 27 1960

Registration District No. 4 Primary Registration District No. 4012 Registrar's No. Y.Y.O.

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Atchison		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rockport		c. CITY OR TOWN Westboro		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b 10 Yrs		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elizabeth Ellen McIntosh				4. DATE OF DEATH Sept-4th -1960			
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-18-1883	
9. AGE (last birthday) 72		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY General House Work		11. BIRTHPLACE (City and state or country) Virginia		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME A R Dare		13b. MOTHER'S MAIDEN NAME Polly Ann Wiley		14. NAME OF HUSBAND OR WIFE John McIntosh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs Harold Clement Address Rockport, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial infarction						minutes	
DUE TO (b) Arteriosclerotic Cardiovascular disease						years	
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 checked="" 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 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 _____ to Sept 4, 1960 and last saw her him alive on Sept 4, 1960 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John M. Wasmaker M.D.				22b. ADDRESS Rockport, Mo.		22c. DATE SIGNED 9/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/6/1960		23c. NAME OF CEMETERY OR CREMATORY Center Grove		23d. LOCATION (City, town, or county) Westboro, Missouri	
24. FUNERAL DIRECTOR Tucker Funeral Home ADDRESS Westboro, MO				25. DATE RECD. BY LOCAL REG. Sept 20, 1960		26. REGISTRAR'S SIGNATURE Mervin J. Schaefer	

DOCUMENT

MEDICAL CERTIFICATION

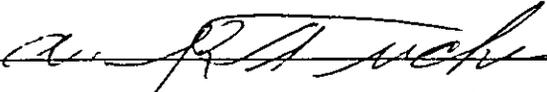
BY AFFIDAVIT OF

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 Ashley R Tucker, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4757

P. O. Address Westboro, Mis

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.