

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034263

FILED VS SEP 30 1960

86

Registration District No. 5322 Registrar's No. 25-1960

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuba (Township)</u>		Length of stay in lb <u>Enroute</u>	c. CITY OR TOWN <u>Poplar Bluff</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Graceland Acres Country Club Home</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>900 North Street</u>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>WALTER</u> Last <u>McIntosh, Jr.</u>			4. DATE OF DEATH Month <u>September</u> Day <u>25</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-1913</u>	9. AGE (last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____
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>Medicine</u>		11. BIRTHPLACE (City and state or country) <u>Louisville, Ky.</u>	
10c. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>J.W. McPheeters, Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Allie Auger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>WW II</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>unavailable</u>		17. INFORMANT <u>Joy McPheeters, 1901 Cynthia Street, Poplar Bluff, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Death Council, by airplane</u>					
DUE TO (b) <u>Crash circumstances unknown</u>					
DUE TO (c) <u>at Poplar Bluff</u>					
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 checked="" 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.) <u>Plane fell after disintegrating in flight</u>	
20c. TIME OF INJURY Hour <u>1:00 p.m.</u> Month, Day, Year <u>9-25-1960</u>		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.) <u>Enroute, approx 1 Mi. E. of Cuba</u>	
20f. CITY, TOWN, OR LOCATION <u>Cuba, Crawford, Missouri</u>		20g. COUNTY <u>Crawford</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at <u>approx 1:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James Walter McIntosh, Jr.</u> (Degree or title)			22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>Sept 26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Church</u>		23b. DATE <u>9-27-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Garden Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Poplar Bluff, Missouri</u>		24. FUNERAL DIRECTOR <u>Frank C. Shell Funeral Home, Poplar Bluff, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9/27/1960</u>	
26. REGISTRAR'S SIGNATURE <u>Paul C. Johnston</u>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 7 100

OCT 10 1960

VS OCT 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.