

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018421

STATE FILE NUMBER

AMENDED FILED

Registration District No. 201

Primary Registration District No. —

Registrar's No. 94

MAY 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Madaway</i>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Mo</i> b. COUNTY <i>Holt</i>                                    |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>Maryville</i>  |  | c. CITY OR TOWN <i>Maitland</i>  |   |
| Length of stay in 1b <input checked="" type="checkbox"/>  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>5 1/2 mi south</i>   |  | d. STREET ADDRESS (if outside, give location)  |   |
| 3. NAME OF DECEASED (Type or print) First <i>Willis</i> Middle <i>M.</i> Last <i>McIntyre</i>   |  | 4. DATE OF DEATH Month <i>5</i> Day <i>7</i> Year <i>1961</i>  |   |
| 5. SEX <i>male</i>  | 6. COLOR OR RACE <i>cau.</i>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>             | 8. DATE OF BIRTH <i>6-20-1881</i>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <i>farming</i>   | 11. BIRTHPLACE (City and state or country) <i>Maitland, Mo</i>    |
| 13a. FATHER'S NAME <i>Balores S. McIntyre</i>   |  | 14. NAME OF HUSBAND OR WIFE <i>Maggie McIntyre</i>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>  |  | 16. SOCIAL SECURITY NO. <i>Dean McIntyre, Maitland Mo</i>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Brain Accretion</i>   |  | INTERVAL BETWEEN ONSET AND DEATH <i>instant</i>  |   |
| DUE TO (b) <i>Compound skull fracture</i>   |  |  |   |
| 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.<br><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.) <i>Car in which he was riding</i>                                       |   |
| 20c. TIME OF INJURY Hour <i>—</i> a.m. <i>—</i> p.m. Month, Day, Year <i>—</i>  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 71 South</i>     |  |   |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20f. CITY, TOWN, OR LOCATION <i>Maryville</i>  | 20g. COUNTY <i>Madaway</i>   | 20h. STATE <i>MO</i>  |
| 21. I attended the deceased from _____ to _____ and last saw him alive on _____<br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |   |
| 22a. SIGNATURE <i>D. J. Bryant M.D.</i> (Degree or title)   |  | 22b. ADDRESS <i>Maryville MO</i>   | 22c. DATE SIGNED <i>5/9/61</i>                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Bural</i>  | 23b. DATE <i>5-9-1961</i>  | 23c. NAME OF CEMETERY OR CREMATORY <i>Maitland Cemetery</i>  | 23d. LOCATION (City, town, or county) <i>Maitland Mo.</i> (State) |
| 24. FUNERAL DIRECTOR <i>Hitchison Funeral Home, Maryville</i> ADDRESS   |  | 25. DATE RECD. BY LOCAL REG. <i>5-13-61</i>  | 26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>                        |

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

*George M. Atkinson*

Licensed Embalmer No.

*5824*

P. O. Address

*Marjville*

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.

