

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-023854

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 188

AMENDED FILED JUL 17 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Des Moines</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Length of stay in lb <u>1 Day</u>		c. CITY OR TOWN <u>BURLINGTON, IA</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>KOH Hospital</u>				d. STREET ADDRESS (If outside, give location) <u>2019 River St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS Willis McINTOSH</u>			4. DATE OF DEATH Month Day Year <u>July 12-1961</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>WH</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>7/22/97</u>	
9. AGE (last birthday) <u>64</u>		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) <u>DOCTOR, OSP - DO.</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Keosauqua IA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John W. McIntosh</u>			13b. MOTHER'S MAIDEN NAME <u>MINNIE LUKE</u>			14. NAME OF HUSBAND OR WIFE <u>MARIE McINTOSH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>MARIE McINTOSH Keosauqua Ia</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>Toxemia</u> DUE TO (b) <u>Aplastic Anemia</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</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 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>Aug 1960</u> to <u>July 12, 1961</u> and last saw him alive on <u>July 12, 1961</u> Death occurred at <u>3:30</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. T. Peterschu D.O.</u>				22b. ADDRESS <u>Kirkville Mo</u>		22c. DATE SIGNED <u>7-12-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>July 12-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Central</u>		23d. LOCATION (City, town, or county) (State) <u>Keosauqua Iowa</u>	
24. FUNERAL DIRECTOR <u>Dr. Riley Ferguson</u> ADDRESS <u>Kirkville Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7-14-1961</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Gatliff</u>		

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1967

M. T. GUTENSOHN, D.O.

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 Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Kershville

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.