

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045706

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 206

STATE FILE NUMBER

AMENDED

FILED JAN 2 1962			
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Nodaway</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Nodaway</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryvilles</u>	Length of stay in 1b	c. CITY OR TOWN <u>Maryville, Mo.</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>RR #</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>Mary</u>	Middle <u>Gertrude</u>	Last <u>McIntosh</u>	Month <u>12</u>	Day <u>18</u>	Year <u>61</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-25-1877</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Murray, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Abel Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Madisow</u>		14. NAME OF HUSBAND OR WIFE <u>Arthur</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 <u>Loran Mcintosh Skidmore</u> ^{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)		<u>Cerebro-vascular hemangioma</u>	
DUE TO (b)		<u>Cerebral arteriosclerosis</u>	
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 _____, to _____ and last saw her/him alive on _____. Death occurred at <u>JR</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>B. F. Byland M.D.</u> (Degree or title)		22b. ADDRESS <u>Maryville Mo.</u>		22c. DATE SIGNED <u>12/29/61</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-26-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Engle's Cemetery</u>	
24. FUNERAL DIRECTOR <u>Atchison Funeral Home</u>		ADDRESS <u>Maryville Mo.</u>		DATE RECD. BY LOCAL REG. <u>12-29-61</u>	
		26. REGISTRAR'S SIGNATURE <u>Beasly</u>			

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed George M. Alehu

Licensed Embalmer No. 5114

P. O. Address Maryland

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.

