

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000492

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 521 STATE FILE NUMBER

**FILED JAN 29 1962**

1. PLACE OF DEATH  
 a. COUNTY **Butler**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Poplar Bluff** Length of stay in 1b **1Da**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Poplar Bluff, Hosp** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** COUNTY **Butler**  
 c. CITY OR TOWN **Broseley** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **3 1/2 Mi S.E. of Broseley** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) **William** First **Wilburn** Middle **McIntosh** Last  
 4. DATE OF DEATH **1-21-1962** Month Day Year  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **1-18-1902** 9. AGE (last birthday) **60** 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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Same** 11. BIRTHPLACE (City and state or country) **Malden, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**  
 13a. FATHER'S NAME **William J, McIntosh** 13b. MOTHER'S MAIDEN NAME **Susin Gunnels** 14. NAME OF HUSBAND OR WIFE **Lucy McIntosh**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT **Lucy McIntosh, Broseley, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Cardiac Decompensation - 1 day** INTERVAL BETWEEN ONSET AND DEATH  
 DUE TO (b) **Cor Pulmonale - ?**  
 DUE TO (c) **Branchial ectasia Empyema - ?**  
 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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 **Sept 1961** to **21 June 62** and last saw her/him alive on **20 June 62**  
 Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **W B Bradburn MD** 22b. ADDRESS **32101 Poplar Bluff Mo** 22c. DATE SIGNED **22 June 62**  
 22d. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1-23-62** 23c. NAME OF CEMETERY OR CREMATORY **Brown Chapel** 23d. LOCATION (City, town, or county) (State) **Butler, Co, Missouri**

24. FUNERAL DIRECTOR **J. Erwin** ADDRESS **Fisk, Mo.** 25. DATE RECD. BY LOCAL REG. **1-25-1962** 26. REGISTRAR'S SIGNATURE **Thelma Graham**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

JAN 30 1962

**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 Raymond L. Ruffe

Licensed Embalmer No. 4798

P. O. Address Bernee, Mo.

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.