

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009793

STATE FILE NUMBER

Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 52

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 11 1962

1. PLACE OF DEATH
 a. COUNTY Barry
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett Length of stay in 1b Few hours
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Barry
 c. CITY OR TOWN Purdy Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Floyd N. Mc Intosh April 2 - 1962

5. SEX Male 6. COLOR OF RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/7/1889 9. AGE (last birthday) 73
 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) Retired Mail Carrier Rural Mail Carrier 10b. KIND OF BUSINESS OR INDUSTRY Monett Mo 11. BIRTHPLACE (City and state or country) Monett Mo 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Mc Intosh 13b. MOTHER'S MAIDEN NAME Sarah Selley 14. NAME OF HUSBAND OR WIFE Anna Mc Intosh
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Address Monett Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary insufficiency INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatism with uremia and pyelonephritis
 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 _____ a.m. _____ p.m. Month, Day, Year _____
 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 Jan 17, 1958 to April 2, 62 and last saw him alive on April 2, 1962
 Death occurred at 8:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert P. Dudley M.D. 22b. ADDRESS Monett, Missouri 22c. DATE SIGNED 4-5-62

23a. BURIAL CREATION, OR REMOVAL (Specify) Burial 23b. DATE April 6-62 23c. NAME OF CEMETERY OR CREMATORY Purdy Cemetery Purdy, Missouri 23d. LOCATION (City, town, or county) (State) _____
 24. FUNERAL DIRECTOR Bennett Warrington ADDRESS Monett Mo. 25. DATE RECD. BY LOCAL REG. 4-6-62 26. REGISTRAR'S SIGNATURE Mrs P.N. Cook

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 17 1962

APR 19 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 *Donald Bernell*

Licensed Embalmer No. 4213
P. O. Address Monett, Missouri

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.