

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB      AMENDED

Registration District No. 209      Primary Registration District No. 3043      Registrar's No. 158      ~~68-016026~~  
62-016026

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.      SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300  
Rev. 4/59

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<b>FILED MAY 4 1962</b>		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Marion</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		a. STATE <b>Missouri</b> COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		Length of stay in 1b		c. CITY OR TOWN <b>Vandalia</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shady Lawn Nursing Home</b>		Inside Limits No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>209 W. Olive</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Bertha May McIntosh</b>			4. DATE OF DEATH Month Day Year <b>April 21, 1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-26-1874</b>	9. AGE (last birthday) <b>87</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Montgomery Co., Mo.</b> U. S. A.	
13a. FATHER'S NAME <b>Thomas Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Sallie Dimick</b>		14. NAME OF HUSBAND OR WIFE <b>Edward McIntosh</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>4</b>		17. INFORMANT Address <b>Mrs. Kenneth Chasteen, Vandalia, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cardiac failure</b>				<b>2 weeks.</b>	
DUE TO (b) <b>Cerebral vascular accident</b>				<b>3 months</b>	
DUE TO (c) <b>Arteriosclerotic heart disease</b>				<b>2 years.</b>	
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 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>3-26-62</u> to <u>4-21-62</u> and last saw her/him alive on <u>4-21-62</u> . Death occurred at <u>10:45 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>F. E. Sutzman M.D. F.A.C.S.</b>			22b. ADDRESS <b>115 N. 5th St. Hannibal, Mo.</b>		22c. DATE SIGNED <b>4-25-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-24-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>William B. Water, Vandalia, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>April 30, 1962</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Busche by Lillian M. Sherman</b>

**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 William B Waters

Licensed Embalmer No. 4169

P. O. Address Dandelin, 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.

Must be signed  
4/30/52