

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND CARE

-62-027458

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 338

<b>FILED JUL 24 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>JACKSON</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>INDEPENDENCE</b>	a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>
OR TOWN <b>INDEPENDENCE</b>	c. CITY OR TOWN <b>INDEPENDENCE</b>
Length of stay in 1b <b>65 yrs.</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>202 NORTH ASH</b>	d. STREET ADDRESS (If outside, give location) <b>202 NORTH ASH</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First <b>FRANK</b>	Middle <b>MC INTURFF, SR.</b>
Last <b>MC INTURFF, SR.</b>	
4. DATE OF DEATH	
Month <b>JULY</b>	Day <b>13</b>
Year <b>1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-27-1891</b>
9. AGE (last birthday) <b>71</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Supervisor Process Dep. American Oil Co. Clay County Mo.</b>
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>JOHN MC INTURFF</b>	13b. MOTHER'S MAIDEN NAME <b>MARY JANE HENSLEY</b>
14. NAME OF HUSBAND OR WIFE <b>MARTHA MC INTURFF</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>	
17. INFORMANT <b>MARTHA MC INTURFF, 202 North Ash, Indep. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <b>Hypertensive Cardiovascular Disease</b>	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition given in PART I (a)	
<b>Generalized Atherosclerosis</b>	
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 checked="" 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.	
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 <b>INDEPENDENCE</b>	
COUNTY <b>JACKSON</b>	
STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Sept 1961</b> to <b>Present</b> and last saw him alive on <b>7/12/62</b> Death occurred at <b>3:45 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS <b>10901 Winer Rd Independence Mo</b>
(Degree or title)	22c. DATE SIGNED <b>7/14/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-16-62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-15-62</b>
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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Rev. 4/59

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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



Dr. Nelson

**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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address N.C. 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.