

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012413

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 29

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1963

VS-300
Rev. 4/59

1 0621

2 0621

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Length of stay in 1b 4 yrs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 211 WEST COLLEGE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		d. STREET ADDRESS (If outside, give location) 211 WEST COLLEGE	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last DAVID ALBERT McINTYRE			4. DATE OF DEATH Month Day Year MARCH 21, 1963			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-26-1886	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min. 4 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MISSISSIPPI RIVER FUEL EMPLOYEE - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) ALBY, WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME W.R. McINTYRE			13b. MOTHER'S MAIDEN NAME REBECCA COSTILOW		14. NAME OF HUSBAND OR WIFE ALICE McINTYRE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT ALICE McINTYRE, 211 West College St., FREDERICKTOWN, MO.	

18. CAUSE OF DEATH (Enter only one cause per item) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Myocardial Insufficiency DUE TO (c) He has not taken treatment for months		INTERVAL BETWEEN ONSET AND DEATH years
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 checked="" 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>Grand</u> to <u>March 21 1963</u> and last saw him alive on <u>March 12 1963</u> . Death occurred at <u>11:00</u> P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) M. D. McLaughlin		22b. ADDRESS 135 West Main Fredericktown, Mo.		22c. DATE SIGNED 3-22-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-23-1963	23c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.	

24. FUNERAL DIRECTOR SAM NASIM, JR., FREDERICKTOWN, MO.	25. DATE RECD. BY LOCAL REG. 3-23-1963	26. REGISTRAR'S SIGNATURE Abnerce Sicker
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MAR 27 1963

1963
0831

STATEMENT BY LICENSED EMBALMER

0-02

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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
Fredericktown 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.