

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43587

State File No.

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6292 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>CLARK TWP - RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARK TWP - RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES EAST OF MANFIELD</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLPT</u> b. (Middle) <u>M</u> c. (Last) <u>INTOSH</u>	4. DATE OF DEATH (Month) (Day) - (Year) <u>Dec 15 - 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV-6-1911</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWSWRIER</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>DOUGLAS Co. MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>CHAS. SCHICKLER</u>	13b. MOTHER'S MAIDEN NAME <u>LEAH A. NORD</u>	14. NAME OF HUSBAND OR WIFE <u>NOBERT M. INTOSH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONP</u>	17. INFORMANT'S SIGNATURE OR NAME <u>NONP</u> ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>410X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phenanthrene</u>		
	DUE TO (c) <u>Person's Heart</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Leo Van Noy, M.D.</u>	23b. ADDRESS <u>102 WOOD ST MO</u>	23c. DATE SIGNED <u>Dec 14</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mrs. INTOSH CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>WRIGHT Co. Mo. 1949</u>
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DATE REC'D BY LOCAL REG. <u>12-21-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. A.R. Worschley</u>	341 25. FUNERAL DIRECTOR'S SIGNATURE <u>F.A. Steffe</u> ADDRESS <u>Manfield Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 28 1949
District Health Office No. 6,
District File Number 1289-1418
Date Filed 12-28-49

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
Student Embalmer

Signed: _____

H.A. Steffe

Licensed Embalmer No. 3227

P. O. Address *Marshall 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 this body is not embalmed, fact should be so stated above.