S. No. 300
. 10.48

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7312

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 18

020

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Shelby
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarence 1020
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)
a. (First): Don
b. (Middle): Uriah
c. (Last): McIntire

4. DATE OF DEATH (Month) (Day) (Year): 2 - 7 - 1950

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-4-1879
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 0, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Public Service
11. BIRTHPLACE (State or foreign country): Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Uriah McIntire
13b. MOTHER'S MAIDEN NAME: Annie Hesketh
14. NAME OF HUSBAND OR WIFE: Maggie McIntire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: 487-01-5362
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Maggie McIntire — ADDRESS: Clarence Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 7 1950 *to* Only, 19__, *that I last saw the deceased alive on* Feb 7, 1950, *and that death occurred at* 8:15 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. L. Harlan MD
23b. ADDRESS: Clarence, Mo
23c. DATE SIGNED: 2/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-10-1950
24c. NAME OF CEMETERY OR CREMATORY: Maplewood
24d. LOCATION (City, town, or county): Clarence (State) Mo

DATE REC'D BY LOCAL REG.: Feb 24 1950
REGISTRAR'S SIGNATURE: Ada Garrison 419 0
25. FUNERAL DIRECTOR'S SIGNATURE: Hopper Funeral Home — ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 27 1950
District Health Officer No. 1
District File Number 2-27-3
Date Filed FEB 27 1950

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 Louis E. Hopper

Licensed Embalmer No. 426

P. O. Address Clarence Me

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.