

FILED JUN 21 1951

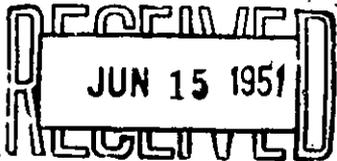
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20614

510
1
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4257 Registrar's No. 13

| | | | |
|--|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>8</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Florence</u> c. (Last) <u>McIntire</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1951</u> | |
| 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>June 15, 1873</u> |
| 9. AGE (In years) <u>77</u> If UNDER 1 YEAR: Months <u>11</u> Days <u>19</u> | | 10. KIND OF BUSINESS OR INDUSTRY | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wheatland, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>William Vannoy</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Womble</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Joseph Hall McIntire</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Hall McIntire, Knob Noster, Mo</u> | | ADDRESS | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>✓</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u> | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>✓</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>4201</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster, Johnson, Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>✓</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>June 2, 1951</u> , to <u>June 4, 1951</u> ; that I last saw the deceased alive on <u>June 4, 1951</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. W. Cross</u> (Degree or title) | | 23b. ADDRESS <u>Knob Noster, Mo</u> | |
| 23c. DATE SIGNED <u>June 6, 1951</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 6, 1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>June 6, 1951</u> | | REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u> <u>149</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker</u> | | ADDRESS <u>Knob Noster, Mo.</u> | |



JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. Raymond Baker

Signed.....
Student Embalmer

Licensed Embalmer No. 4616

P. O. Address King Noster, 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.