

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38481**

BIRTH MO. **FILED DEC 8 1953** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5209** Registrar's No. **124**

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

1. PLACE OF DEATH a. COUNTY CARROLL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY OR TOWN RURAL - Bogard Mo.		c. CITY OR TOWN Bogard Mo.	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) Leslie township.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) THOMAS	
c. (Last) McIntosh		4. DATE OF DEATH (Month) (Day) (Year) NOV 30 1953	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 11 - 1889
9. AGE (in years last birthday) 64	10. MONTH 3	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	
13a. FATHER'S NAME ACORN W. McIntosh		13b. MOTHER'S MAIDEN NAME Lena Fuzzell	
14. NAME OF HUSBAND OR WIFE Larrena McIntosh			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 492-18-4177	
17. INFORMANT'S SIGNATURE OR NAME Lena McIntosh		ADDRESS Lima Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Apoplexy	
		DUE TO (c) _____	
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 checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Leslie	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Carroll Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X	
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 11 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Roy Dickinson		23b. ADDRESS Bogard Mo	
23c. DATE SIGNED 12-1-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec-2-1953	24c. NAME OF CEMETERY OR CREMATORY FAIR HEAVEN	24d. LOCATION (City, town, or county) (State) Harborne Mo.
DATE REC'D BY LOCAL REG. 12/1/53	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE Dickerson Funeral Home	
		ADDRESS Bogard MO	

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 _____

Clyford W. Austin

Licensed Embalmer No. 3233

P. O. Address Tina Mission

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.