

FILED MAR 31 1954

STANDARD CERTIFICATE OF DEATH

State File No. 34431
Registrar's No. 21

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4321

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give town) Mercer		c. CITY (If outside corporate limits, write RURAL and give township) Mercer	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A. c. (Last) McIntosh			4. DATE OF DEATH (Month) (Day) (Year) March 23-54		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 24, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mercer Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John A. McIntosh	13b. MOTHER'S MAIDEN NAME Nellie Williams	14. NAME OF HUSBAND OR WIFE Nellie McIntosh
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Nellie McIntosh	ADDRESS Mercer Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 hrs 24 hrs yes? unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypostatic pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure arteriosclerosis DUE TO (c) Carcinoma of Prostate with metastases he infected multital		
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 177X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Sept 8, 1952** to **Mar 23, 1954**, that I last saw the deceased alive on **Mar 23, 1954**, and that death occurred at **3:30AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. J. Larso	23b. ADDRESS Mercer Mo	23c. DATE SIGNED Mar 24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-25-54	24c. NAME OF CEMETERY OR CREMATORY Earley Ceme.	24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.
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DATE REC'D BY LOCAL REG. 3-26-54	REGISTRAR'S SIGNATURE Paul Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Martin Funeral Home Princeton, K	ADDRESS Princeton, K
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Joan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton, Md

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.