

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 390 Registrar's No. 1424

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Maine	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wellston		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (In this place) 5yrs. 2mths.		d. STREET ADDRESS (If rural, give location) 1506 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Hospital			

3. NAME OF DECEASED (Type or Print) Mary McIntyre		4. DATE OF DEATH June 17, 1954	
a. (First)	b. (Middle)	c. (Last)	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 15, 1876	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	
11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Peter Lacro	13b. MOTHER'S MAIDEN NAME Mary Humolt	14. NAME OF HUSBAND OR WIFE Frank P. McIntyre
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Frank P. McIntyre, husband.	ADDRESS 1506 Broadway, Hannibal, Missouri
---	--------------------------------------	--	--

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		INTERVAL BETWEEN ONSET AND DEATH Years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease DUE TO (c) Senile Psychosis		
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)	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1949, to June 17, 1954, that I last saw the deceased alive on June 17, 1954 and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P.E. Kubitzchek M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 6-17-54
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-18-54	24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 6/18/54	REGISTRAR'S SIGNATURE Heber B. Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.
---	---	--

JUL 1 1955

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 Edward G. Schumann

Licensed Embalmer No. 4567

P. O. Address St Louis 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.