

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30073**

FILED OCT 8 1956

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>5187</b>		Registrar's No. <b>444</b>	
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CAPE GIR</b>			
b. CITY OR TOWN <b>ALLENVILLE TWP.</b>		c. LENGTH OF STAY (in this place) <b>61</b>		c. CITY OR TOWN <b>ALLENVILLE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALLENVILLE MO</b>				e. STREET ADDRESS (If rural, give location) <b>0160</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>R.</b> c. (Last) <b>MCINTYRE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 28 1956</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1895-6-30</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b>	IF UNDER 10 YRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ALLENVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>NO RECORD</b>		13b. MOTHER'S MAIDEN NAME <b>NO RECORD</b>		14. NAME OF HUSBAND OR WIFE <b>ELMA MCINTYRE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>LATER 1ST WORLD WAR</b>		16. SOCIAL SECURITY NO. <b>488-18-2</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. ELMA MCINTYRE MO</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CARDIAC DECOMPENSATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 HRS.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				12 HRS.	
		DUE TO (b) <b>CORONARY OCCLUSION</b>				5 YRS.?	
		DUE TO (c) <b>ARTERIOSCLEROSIS</b>				3 YRS.?	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <b>CARDIOVASCULAR RENAL DISEASE</b>					
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NATURAL</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>"</b>			
22. I hereby certify that I attended the deceased from <b>9-28</b> , 1956 to <b>9-28</b> , 1956, that I last saw the deceased alive on <b>9-28</b> , 1956 and that death occurred at <b>7:30 A.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. J. Mosbach, D.O.</b>				23b. ADDRESS <b>Chaffee, MO.</b>		23c. DATE SIGNED <b>9-29-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>SEPT 30-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WHITACHER CEM</b>		24d. LOCATION (City, town, or county) (State) <b>WHITWATER MO.</b>	
DATE REC'D BY LOCAL REG. <b>10-3-56</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>STUBBS FUNERAL HOME - CHAFFEE MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

44-0

APR 25 1956

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 Eugene L. Stahl....., Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stahl.....  
Signature of Student Embalmer

Signed A. J. Loberg.....  
Licensed Embalmer No. 3810

P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.