

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

**8786**

STATE FILE NUMBER

**980**

**FILED MAR 20 1957**

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>		d. STREET ADDRESS <b>622 Benton</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Length of stay in hospital <b>50 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>		<b>5. AGE</b> (In years last birthday)	
First <b>Epha</b>		Middle <b>May</b>		Last <b>McIntosh</b>		Month <b>3</b> Day <b>1</b> Year <b>1957</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED</b> <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>March 24, 1878</b>	
<b>9. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House wife</b>		<b>10. KIND OF BUSINESS OR INDUSTRY</b> <b>At Home</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>MaComb, Illinois</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>13. FATHER'S NAME</b> <b>Wm. H. Isom</b>				<b>14. MOTHER'S MAIDEN NAME</b> <b>Mary Berry</b>			
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, go, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT</b> <b>LaVada Chipman K. C. Missouri</b>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetes mellitus</b>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) _____	
						DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>20g. COUNTY</b> <b>Oskaloosa, Kansas</b>	
<b>21. I attended the deceased from</b> <b>Feb. 28, 1957</b> <b>to</b> <b>March 1, 1957</b> <b>and last saw her alive on</b> <b>March 1, 1957</b> <b>Death occurred at</b> <b>7:30 A.</b> <b>m on the date stated above; and to the best of my knowledge, from the causes stated.</b>							
<b>22a. SIGNATURE</b> <i>B. I. Burns, M.D.</i> (Degree or title)				<b>22b. ADDRESS</b> <b>24th &amp; Cherry</b>		<b>22c. DATE SIGNED</b> <b>3-1-57</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>23b. DATE</b> <b>3-4-1957</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Oskaloosa, Kansas</b>	
<b>24. FUNERAL DIRECTOR</b> <i>C. H. Blackman Son Inc</i> ADDRESS _____				<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-2-57</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Reva Marshall</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
B. I. Burns

*H. C. Mo.* (Licensed Embalmer's Statement on Reverse Side)

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 .....  
Signature of Student Embalmer

Signed *W. C. Penning* .....

Licensed Embalmer No. *48* .....

P. O. Address *1107* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.