

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002637

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 19

AMENDED

FILED JAN 30 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Livingston		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Length of stay in 1b 13 days		c. CITY OR TOWN Tina, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) West part town. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lloyd Middle McIntosh Last McIntosh			4. DATE OF DEATH Month January Day 17th , Year 1962		
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/1910	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 1 Days 10 IF UNDER 24 HR Hours 10 Min.
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 country) Norborne, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm Thomas McIntosh		13b. MOTHER'S MAIDEN NAME Ruby (Leakey) McIntosh		14. NAME OF HUSBAND OR WIFE Minerva (Stark) McIntosh	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, (or unknown) If yes, give war or dates of service) yes WW 2.		16. SOCIAL SECURITY NO. 9		17. INFORMANT Address Mrs Minerva McIntosh Tina, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Peritonitis				3 days	
DUE TO (b) Rupture of Gastro-Intestinal Sutures				8 days	
DUE TO (c) Gastrostomy, Partial				13 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal Ulcer for 15 years				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1-62 to Jan. 17-62 and last saw him alive on Jan. 17-62 Death occurred at 4 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph Canard M.D.			22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED 4/19/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/20/1962	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery		23d. LOCATION (City, town, or county) (State) Norborne, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin F-H Tina, Mo.			25. DATE RECD. BY LOCAL REG. Jan 19, 1962		26. REGISTRAR'S SIGNATURE Annalee Taylor

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

FEB 20 1962

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 Clifford W. Austin
Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.