

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014983

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 91

STATE FILE NUMBER

VS 300 Rev. 4/59

10425  
30420

3

4 1

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7 0

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9 1551

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122-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED DEATH** APR 16 1962  
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 6 weeks

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Blainstown Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) R.F.D #1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Hazel Middle Elizabeth Last McIntire

4. DATE OF DEATH Month April Day 7 Year 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12/25/95 9. AGE (last birthday) 66

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY x 11. BIRTHPLACE (City and state or country) Chilhowee, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James L. Ross 13b. MOTHER'S MAIDEN NAME Nora Olga 14. NAME OF HUSBAND OR WIFE Seldon McIntire

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Seldon McIntire, Blainstown, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Coronary atherosclerosis  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Left B. Ladder.  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 8:30 a.m. 10 p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 April 1961 to April 7, 1962 and last saw her/him alive on April 7, 1962  
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gus Wetzel D.O. 22b. ADDRESS Clinton, Missouri 22c. DATE SIGNED 4/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/9/62 23c. NAME OF CEMETERY OR CREMATORY Carpenter 23d. LOCATION (City, town, or county) (State) Chilhowee, Missouri

24. FUNERAL DIRECTOR ADDRESS Cook Funeral Home, Chilhowee, Missouri 25. DATE RECD. BY LOCAL REG. April, 12, 1962 26. REGISTRAR'S SIGNATURE Mildred Bigum

USE BLACK INK OR TYPEWRITER RIBBON

APR 24 1962

15/5/51

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 J. Wood

Licensed Embalmer No. 4385

P. O. Address Cheltenham

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.

unknown when permit issued 2/15/62