

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 131976

FILED JAN 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <del>Kansas</del> <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City,</u>		c. LENGTH OF STAY (In this place) <u>32 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3212 Thompson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>			3010		
3. NAME OF DECEASED (Type or Print) <u>Eliza Callie Ingle</u>			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan- 6 1952</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Jan 17 1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months
					IF UNDER 4 HRS. Hours
					IF UNDER 15 Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Waldroup</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>Socrates E. Ingle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Flossie McIntyre Kas. City, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Perforation of Stomach</u>				<u>3 days</u>
	DUE TO (c) <u>Mucoid Discharge of Rt Ovary</u>				<u>7</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>c. Melancholia</u>				<u>175x</u>
19a. DATE OF OPERATION <u>1-3-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Peritonitis Generalized; Perforation of Stomach; Mucoid Discharge</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>12-17</u> , 19 <u>51</u> , to <u>1-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-6</u> , 19 <u>52</u> and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>3401 E 12th K.C. Mo</u>		23c. DATE SIGNED <u>1-2-52</u>
24a. BURIAL (CREMATION) (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Jan 8 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>1-7-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster 918 Brooklyn K.C. Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Haight  
3401 E 12

---

---

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 J. W. Herrick

Licensed Embalmer No. 3599

P. O. Address J. C. Allen

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.