FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14345

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1930

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 2 da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Platte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural R.F.D. 3. Bx 500. 0830 1
d. STREET ADDRESS (If rural, give location) Parkville Mo. 2½ mi North.

3. NAME OF DECEASED (Type or Print) a. (First) Elma b. (Middle) Iona c. (Last) McIntyre.
4. DATE OF DEATH (Month) (Day) (Year) April 6 - 1953
5. SEX Female.
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 2 1906
9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months 7 Days 4 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY home.
11. BIRTHPLACE (City and State or Foreign Country) Kendall Kansas
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Thomas E. Porter
13b. MOTHER'S MAIDEN NAME Lulu May Wells
14. NAME OF HUSBAND OR WIFE Claude Henry McIntyre.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 571-18-6121.
17. INFORMANT'S SIGNATURE OR NAME Claude H McIntyre ADDRESS Parkville Mo R.F.D. # 3.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) either, Reaction to Anesthesia
DUE TO (c) or, Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 60' X

19a. DATE OF OPERATION 4-6-53
19b. MAJOR FINDINGS OF OPERATION Large stone in right kidney
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to April 6, 1953, that I last saw the deceased alive on 4-6-53 19__, and that death occurred at 11 p m., from the causes and on the date stated above.

23a. SIGNATURE Bernard L. Mullins (Degree or title) Bernard L. Mullins MD
23b. ADDRESS 1902 Swift Rt 2 Mile Mo
23c. DATE SIGNED 4-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 10 53.
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) (State) Parkville Mo.

DATE REC'D BY LOCAL REG. 4-10-53
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE Leland H Francis ADDRESS Parkville 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 .....
Student Embalmer

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.