

FILED FEB 7 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1591  
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5-5-68 Registrar's No. 37

300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                                   |   |  |  |   |
|--|-----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                                   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Blue Twp</b>   |                                   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Kansas City</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                         |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>316 No. Northern</b>   |                                   | Length of stay in lb<br><b>41 Yrs.</b>  | d. STREET ADDRESS (If outside, give location)<br><b>316 No. Northern</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                        |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>WALTER</b> Middle <b>HARRISON</b> Last <b>MC INTOSH</b>   |                                   |   | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>24,</b> Year <b>1958</b>  |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Aug. 12, 1888</b>   | 9. AGE (In years last birthday)<br><b>69</b>           | FUNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Car Inspector</b>  |                                   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Topeka, Kansas</b>  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>             |   |
| 13a. FATHER'S NAME<br><b>Owen McIntosh</b>   |                                   | 13b. MOTHER'S MAIDEN NAME<br><b>Jesse Wells</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Anna L. McIntosh</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>no</b>  |                                   | 16. SOCIAL SECURITY NO.<br><b>492-18-4785</b>   | 17. INFORMANT Address<br><b>Mrs. Lee Haney, 2230 N. River, Indep., Mo.</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>   |                                   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                   |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b>   |                                   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____  |                                   |   |  |  |   |
| 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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>2:30 P.</b> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Rughon Owens Coroner</b>  |                                   |   | 22b. ADDRESS<br><b>1034 Pratts Bldg</b>  |  | 22c. DATE SIGNED<br><b>1-27-58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>Jan. 27, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Independence, Missouri</b>   |  | (State)   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>George C. Carson, Independence, Mo.</b>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><b>1-27-58</b>  | 26. REGISTRAR'S SIGNATURE<br><b>James Craig</b>  |  |   |

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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. H. Gibson* .....

Licensed Embalmer No. *4871* .....  
P. O. Address *Indep. 77* .....

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.