

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021525

STATE FILE NUMBER
1602 Registrar's No. 3127

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1602

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5529 Wornall Rd.		Length of stay in lb 38 yrs.	d. STREET ADDRESS (If outside, give location) 5529 Wornall Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Hugh Middle McIndoe Last McIndoe			4. DATE OF DEATH Month June Day 24 Year 1959		
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 Dec. 28 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturers Repp.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Hugh McIndoe		13b. MOTHER'S MAIDEN NAME Bessie Morin		14. NAME OF HUSBAND OR WIFE Charlotte McIndoe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 488-32-5864	17. INFORMANT Address Charlotte McIndoe, 5529 Wornall Rd. KCMo			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured abdominal aneurysm			INTERVAL BETWEEN ONSET AND DEATH 451X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			

20d. INJURY OCCURRED WHILE AT <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 24, 1954 to June 24, 1959 and last saw ^{her} him alive on June 23, 1959 Death occurred at 5:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE E. G. Kettner	(Degree or title) M.D.	22b. ADDRESS Kansas City, Mo.	22c. DATE SIGNED 6/24/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-26-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope	23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 6-26-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

E. G. Kettner

1-2012
11:00 am to 4 pm

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 William M. Turner

Licensed Embalmer No. 4648
P. O. Address Kansas City, Mo.

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